

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155233	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/07/2013
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NAME OF PROVIDER OR SUPPLIER WATERS OF BATESVILLE THE	STREET ADDRESS, CITY, STATE, ZIP CODE 958 E HWY 46 BATESVILLE, IN 47006
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaints IN00132364 and IN00135719.</p> <p>Complaint IN00132364 - Substantiated. Federal/state deficiencies related to the allegations are cited at F514.</p> <p>Complaint IN00135719 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 28, 29, 30, 31, November 1, 4, 5, 6, and 7, 2013</p> <p>Facility number: 000138 Provider number: 155233 AIM number: 100266500</p> <p>Survey team: Diana Sidell RN, TC Sunny Jungclaus RN Jennifer Carr RN (October 31, November 1, 4, 5, 6, and 7, 2013) Gloria Reisert MSW (October 30, and 31, 2013) Julie Dover RN (October 28, 29, 30, 31, and November 1, 2013)</p>	F000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Census bed type: SNF: 67 Total: 67</p> <p>Census payor type: Medicare: 6 Medicaid: 48 Other: 13 Total: 67</p> <p>Supplemental sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on November 13, 2013 by Cheryl Fielden RN</p>			

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F000253 SS=E	<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. Based on observation and interview, the facility failed to provide the necessary housekeeping services to maintain a clean and comfortable environment in that:</p> <p>A. Resident bathrooms had dirty vents in 13 of 13 rooms observed. (rooms 22 (shared), 24, 28, 31, 52 (shared), 54, 55, 57 (shared), 62, 68 (shared), 71 (shared), 72 (shared) and 64). This deficient practice affected 18 of 67 residents in the facility.</p> <p>B. Resident bathroom had no baseboard on the walls around the toilet. This deficient practice affected 2 of 67 residents in the facility.</p> <p>Findings include:</p> <p>A. On an environmental tour, with the Maintenance Director and the Housekeeping Supervisor, on 11/6/13 at 2:00 p.m., resident bathrooms in the following rooms were noted to have dust on the air vents: 22, 24, 28, 31, 52 (shared), 54, 55, 57 (shared), 62, 64, 68 (shared), 71 (shared) and</p>	F000253	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. F 253 Housekeeping & Maintenance Services It is the intent of this facility to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. 1. Actions Taken: a. The resident bathroom Vents in all 13 rooms were cleaned. b. Room #68 had new baseboard installed on the walls around the toilet. 2. Others Identified: a. All of the resident bathroom vents were inspected for cleanliness and eleven other residents were affected. b. All resident bathrooms were inspected for missing baseboard and no other residents were affected. 3. Measures Taken: a. All resident bathroom vents were cleaned while being inspected. An in-service was conducted by the director of Housekeeping with her	12/06/2013	

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	<p>72 (shared).</p> <p>In an interview with the Housekeeping Supervisor, during the environmental tour, she indicated that housekeeping staff are required to dust/clean the bathroom vents in resident bathrooms every other day.</p> <p>B. An environmental tour was conducted on 11/6/13 at 2:00 p.m. with the Maintenance Director and the Housekeeping Supervisor. The bathroom in room #68 was observed to have no baseboard around all three walls of the toilet.</p> <p>In an interview with the Maintenance Director, during the environmental tour, he indicated that the toilet was broken and he fixed it "a while" ago, but had not fixed (replaced) the baseboard.</p> <p>3.1-19(f)</p>		<p>staff as to ensure the vents are included in the resident room cleaning process. b. The Maintenance Director was in-serviced by the C.E.O. regarding the importance of maintaining a sanitary, orderly, and comfortable interior for the residents. 4. How Monitored: a. The Housekeeping Director will monitor all resident bathroom vents daily for 10-business days, to ensure the vents are clean. Then this will be done 3 times a week for 3 weeks and then once a week for four weeks. The Daily Room Rounds tool will be revised to include the bathroom vents. b. The Daily Room Rounds tool will be revised to include the baseboards and the room rounds will be reviewed every business day at morning stand-up. c. The QA committee will review all audit/inspection reports monthly and will review quarterly with the Medical Director, to determine if further action is needed. 5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 12-06-13</p>		

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F000272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>Based on observation, interview, and record review, the facility failed to complete a comprehensive assessment which included the resident's history of skin cancer and</p>	F000272	F 272 Comprehensive Assessments It is the intent of this facility to conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each	12/06/2013

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	<p>need for on-going follow-up. This affected 1 of 27 residents reviewed for comprehensive assessments. (Resident #74)</p> <p>Findings include:</p> <p>Resident #74 was observed with a small dried, scabbed area to the top of his left ear during multiple observations on 10/31/13, 11/4/13, 11/5/13, 11/6/13, and 11/7/13.</p> <p>During an interview with Resident #74's wife, on 11/4/13 at 10:25 a.m., she indicated that her husband has a history of skin cancer on his left ear and had a surgical procedure to have a "spot" removed. She further indicated, "He picks at it all the time."</p> <p>Review of the medical record, on 11/5/13 at 11:30 a.m., indicated that Resident #74 had diagnoses including, but not limited to, dementia with severe mood disturbance, hypertension, depression, delusions and hallucinations.</p> <p>The most recent quarterly MDS assessment, dated 9/27/13, indicated that the resident had no "Ulcers, Wounds and Skin Problems....Open Lesion(s) other than ulcers, rashes, cuts (e.g. cancer lesions)."</p>		<p>resident's functional capacity. 1. Actions Taken: a. A comprehensive assessment, which included the resident's history of skin cancer and the need for on-going follow-up, was completed. 2. Others Identified: a. A 100% audit/inquiry was conducted and no other residents were affected. 3. Measures Taken: a. The Initial New Resident Skin Assessments form will be revised to include questions relating to the resident's skin history. b. All nurses will be in-serviced as to the change and proper skin assessment procedure. 4. How Monitored: a. The DON or designee will audit all new resident initial skin assessment for the next 6 new residents. Then every other new resident until 4 audits are completed. Then 1 out of every 8 new residents until 6 audits has been completed. b. QA committee will review all audit/inspections reports monthly and will review quarterly with the Medical Director, to determine if further action is needed. 5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 12-06-13.</p>		

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	<p>In an interview with LPN #1 on 11/5/13 at 12:16 p.m., she confirmed that Resident #74 has a history of skin cancer on his left ear. She indicated, "He's always itching it (his ear). We try to put lotion on it." LPN #1 could not locate documentation of Resident #74's history of skin cancer in the medical record and indicated, "It doesn't look like we had that information. We need to follow up on that. Thank you." She further acknowledged that there was no physician order, care plan, or plan for a dermatology consult related to Resident #74's left ear.</p> <p>3.1-31(c)(1)</p>			

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F000280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on observation, record review, and interview, the facility failed to review and revise a resident's care plan related to denture paste (Resident #69) and a care plan related to fluoride treatments (Resident #26). This affected 2 of 27 residents reviewed for care plans revisions.</p> <p>Findings include:</p> <p>1. During an interview, on 10/30/2013 at 10:16 a.m., Resident #69 indicated his lower dentures "don't fit well", that both the top and</p>	F000280	F 280 Right to participate in planning care and revising Care Plans It is the intent of this facility to have the resident participate in planning care and treatment or changes in care and treatment. It is also the intent of this facility to develop and periodically review and revise a comprehensive care plan by a team of qualified persons after each assessment. 1. Actions Taken: a. Both residents had their care plan reviewed and revised as required. 2. Others Identified: a. An audit of all resident care plans with physician ordered dental cream was conducted and no other residents were affected. 3. Measures Taken: a. Nursing staff	12/06/2013	

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	<p>bottom ones slip, but especially the bottom. He said if he had dental adhesive it would help, but he ran out. No one has helped him with putting anything in his dentures to help hold them in. The dentist told him he couldn't do anything for his dentures except the adhesive, because his gums had shrunk so much they won't hold his dentures any longer.</p> <p>Resident #69's record was reviewed on 11/5/13 at 11:26 a.m. The record indicated Resident #69 had diagnoses that included, but were not limited to, congestive heart failure, atrial fibrillation, heart valve disorders, bilateral lower extremity venous insufficiency, stage 3 chronic renal failure, venous stasis skin conditions, edema, and gastroesophageal reflux disease.</p> <p>A quarterly minimum data set assessment, dated 8/6/13, indicated Resident #69 required extensive assistance of one for personal hygiene, including oral care, and had a functional limitation in range of motion related to upper extremities, including shoulder, elbow, wrist, and hand on both sides.</p> <p>A "Dental Encounter Form", dated 5/24/13, indicated: "#15 RT (root) still</p>		<p>will be in-serviced in regards to reviewing/revising a residents' care plan, to have measurable goals, and to reflect the resident's needs and interventions to meet those goals/needs. 4. How Monitored: a. Physician orders will be reviewed daily at stand-up meeting. b. The DON or designee to audit the Treatment records weekly for compliance. c. The same will be reviewed by the QA committee monthly and with the Medical Director quarterly, to determine if further action is needed. 5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 12-06-13.</p>				

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	<p>present, pt (patient) says he did not know it was present didn't understand he needs it removed. We will call wife. Single rooted so I can remove at facility. 4-8 weeks healing req. then we will start reline/remake. Eligibility will be sent per MDC (Medicaid) rules. This is a long approval process may take months. Pt rx'd (prescribed) paste to assist with retention in the meantime and during healing process...INR (Internatonal Normalized Ratio - blood clot test) is consistently within 2-4. Safe range for ext[raction]. no contraindications to surgery in chart. Xrays req to diagnose. Xray #2 determines additional "hidden" roots. None present. Rx denture adhesive."</p> <p>A "Dental Encounter Form", dated 7/8/13, indicated Resident #69 had "1 curved root intact. Curettage produces no material. Hemorrhage induced. Pt. advised to avoid denture paste in area. Pt req[uested] assistance for pastes QD (every day) due to disability of hands bilaterally. Orders rx'd (prescribed). avoid site 1 week. Lower denture is likely riding on nerve to cause discomfort. No sores, erythema. Advised chewing slower and softer foods. Use pastes QD."</p>			

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	<p>Physician's recapitulation orders, dated 9/1/13 through 9/30/13, indicated the following orders that had no date as when initiated: "Apply denture paste food seal or E.S. (extra-strength) topically to clean & dry dentures liberally, re-apply after hot foods/liquids & as needed, remove all pastes from tissues...daily at HS (bedtime). Assist [with]/paste...daily, remove from tissues daily at HS. Use ES denture adhesive pink or clear as directed Dx: Dentures."</p> <p>During an interview, on 11/7/13 at 11:30 a.m., the Director of Nursing indicated the primary care physician said it was alright to remove the order to apply the denture cream from the rewrites and place it on the CNA assignment sheets, and not on the treatment sheets because it is something the CNA's can do. She said it should be on the CNA assignment sheets.</p> <p>A care plan, dated 11/3/13, indicated: "The resident has a communication problem r/t (related to) slurring, mumbled words, and loose fitting dentures." Goal: "The resident will maintain current level of communication function by making sounds, using appropriate gestures,</p>			

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	<p>responding to yes/no questions appropriately daily and through the review dated."</p> <p>A care plan, dated 11/1/13, indicated: "Resident states dentures feel loose at times, prefers not to wear dental paste. Goal: "Resident will be offered foods they are able to eat trn (through next review)." Interventions: "Dental services as needed, resident's weight will be stable, serve diet as ordered and offer exchanges for any food resident unable to chew."</p> <p>The care plan, as written, failed to indicate when the denture paste would be applied, how much would be applied, and who would assist with the application.</p> <p>During an interview, on 11/5/13 at 11:05 a.m., Resident #69 indicated he did not have denture paste applied to his dentures this morning, and that "they never put anything on my dentures." Resident #69's dentures were observed to slip when he spoke.</p> <p>During an interview, on 11/6/13 at 1:32 p.m., CNA #8 indicated second shift will put the dentures in a denture cup, the resident doesn't use any paste, and she just puts them in his mouth. She indicated she has to</p>			

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	<p>rinse them off, and said she doesn't use paste because they stay in his mouth.</p> <p>During an interview, on 11/07/13 at 1:30 p.m., the MDS coordinator indicated the denture cream is something she can add to the care plan and to the CNA task sheets.</p> <p>2. An observation of Resident #26's mouth/teeth, on 10/28/2013 at 2:22 p.m., indicated bottom teeth appearing to have some scale/staining. Resident #26 indicated that the dentist had checked his teeth last month and also indicated that he brushed his teeth monthly.</p> <p>Review of the clinical record for resident #26 on 11/01/13 at 2:05 p.m., indicated the resident had diagnoses which included, but were not limited to, anemia, high blood pressure, esophageal reflux, osteoarthritis, dementia, depressive disorder, convulsions, enlarged heart, unspecified vitamin D deficiency, polyneuropathy, and atrial fibrillation.</p> <p>Review of the October 2013 and November 2013 Physician's Recapitulation Orders, indicated orders for Denta 5000 cream Plus (for Prevident 5000 - a 1.1 % Sodium</p>				

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	<p>Fluoride prescription dental cream with 5000 ppm (parts per million) Fluoride Plus mild cleaning system labeled Rx (prescription only) use to brush teeth in every morning dated 07/09/2013 and Denta 5000 cream Plus use to brush teeth after regular brushing to gumline every evening. Nothing by mouth 30 minutes after each use dated 07/09/13 with line thru order and noted to see pocket worksheet (Resident Care Information Pocket Sheet - worksheet for CNA [Certified Nursing Assistant]).</p> <p>Review of the Medication Administration Record for October 2013 and November 2013 for the indicated daily documentation for the AM Denta 5000 cream brushing treatment, but no documentation for the PM Denta 5000 cream brushing treatment. Review of the pocket worksheet for Resident #26 indicated, "Assist w(with)/brushing gum line BID (twice a day)".</p> <p>A care plan, initiated on 07/23/2013, for "Resident requires assistance with ADL's (activities of daily living)" indicated an intervention of "assist resident to brush gums BID (twice a day)".</p> <p>Review of a PrevMED facility dentist</p>						

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	<p>visit note, dated 02/11/13, indicated an oral assessment that showed: "Plaque, calculus, stains, inflammation, recession, periodontitis", and a 09/10/13 facility dentist visit note indicated treatment of: "fluoride varnish, chlorhexidine, res oral hygiene homecare products".</p> <p>An interview with LPN (Licensed Practical Nurse) #5 on 11/05/2013 at 2:15 p.m., LPN #5 indicated that she was unable to locate Resident #26's Denta 5000 cream Plus after checking in the medication cart for it and also checking in resident's room for it and would keep trying to find. LPN #5 also indicated that the CNA's are supposed to be charting use of the evening Denta 5000 cream Plus treatment.</p> <p>An interview with CNA #6, on 11/05/2013 at 2:50 p.m., CNA #6 indicated that she has assisted Resident #26 with evening mouth care and the Denta 5000 cream Plus treatment when working evening shift and showed where makes note to document this in the computer kiosk.</p> <p>An annual Minimum Data Set Assessment (MDS), dated 5/22/13, indicated a notation that the resident: "requires frequent mouth inspections -</p>						

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	<p>report changes to the nurse, resident will comply with mouth care at least daily through review date. A quarterly MDS, dated 09/04/2013, indicated the resident was cognitively intact. A 09/05/13 quarterly MDS indicated: provide mouth care as per ADL (Activities of Daily Living) personal hygiene.</p> <p>An interview and observation, on 11/6/13 at 10:27 a.m., with LPN #7, indicated that Resident #26's Denta 5000 cream Plus should be in the treatment cart and that she has used it with the resident in the past, but that the treatment is now being done on night shift (6p - 6a). She indicated that one is being done in the evening and the other is being done before the day shift comes in. LPN #6 found the Denta 5000 tube/prescription bag dated 07/09/13 in the treatment cart. The tube was observed having an expiration date of 08/14. The product label showed: 1.1 % Sodium Fluoride prescription dental cream with 5000 ppm (parts per million) Fluoride Plus mild cleaning system labeled Rx (prescription) only. The instructions included but were not limited to: apply thin ribbon, brush thoroughly after use to expectorate, and for best result to not drink or rinse for 30 minutes after. The tube also was noted "Do not</p>			

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	<p>Swallow". The tube was marked for containing 1.8 ounces of the product. The tube was observed to be approximately 1/3 used and LPN #7 also indicated that the tube appeared to be approximately 1/3 used.</p> <p>LPN #7 also showed the MAR for November showing the change to the evening shift for documenting that the treatment was given. LPN #7 also showed the note to the order to "see pocket worksheet" and also showed the notation on the pocket worksheet for "brush teeth BID". She also indicated that the CNA's can do the Denta 5000 treatment and even though it is not listed specifically on the pocket worksheet for using the Denta 5000 cream, that the CNA's know to ask the nurse for the cream and that they document this in the computer kiosks.</p> <p>Care plans, dated 05/24/2013, indicated: "Resident requires assistance with ADL's". Goals of: "Resident will have all ADL's met by staff TNR" (through next review). Interventions included, but were not limited to: "Assist resident to brush gums BID" dated 07/23/2013.</p> <p>Documentation was lacking of the care plan being updated to include</p>				

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	<p>dental care treatment with a prescription tooth cream.</p> <p>During an interview, on 11/07/13 at 2:10 p.m., the DoN indicated that the facility had obtained a verbal ok from the facility dentist to begin to allow the CNA's to perform prescription mouth care treatments but the facility does not have a written policy for this in place as yet.</p> <p>A policy and procedure for Care Plans, dated 7/1/11, was provided by the Director of Nurses on 11/7/13 at 3:55 p.m. The policy included, but was not limited to, "Guidelines: It is the intent of the facility that each resident will have a plan of care to identify problems, needs and strengths that will identify how the interdisciplinary team will provide care...Procedure...4. The interdisciplinary team along with the resident and/or family members will identify resident problems, needs and strengths. 5. For each problem, need or strength a resident-centered goal is developed. Whenever possible the goal should be measurable (i.e., walk from nurses station to room by the next review of care plan). 6. Staff approaches are to be developed for each problem/strength need. When</p>						

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	<p>possible, more than one discipline per approach is to be documented on the care plan or ALL disciplines are responsible for that approach. 7. All goals and approaches are to be reviewed and revised as appropriate by a team of qualified persons after each assessment and upon significant change of condition...."</p> <p>3.1-35(d)(2)(B)</p>			

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F000282 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 observation, record review, and interview, the facility failed to ensure a resident's denture paste was applied (Resident #69), and failed to ensure prescription fluoride treatments were provided by nurses for (Resident #26. This affected 2 of 27 residents reviewed.</p> <p>Findings include:</p> <p>1. During an interview, on 10/30/2013 at 10:16 a.m., Resident #69 indicated his lower dentures "don't fit well", that both the top and bottom ones slip, but especially the bottom. He said if he had dental adhesive it would help, but he ran out. No one has helped him with putting anything in his dentures to help hold them in. The dentist told him he couldn't do anything for his dentures except the adhesive because his gums had shrunk so much they won't hold his dentures any longer.</p> <p>Resident #69's record was reviewed on 11/5/13 at 11:26 a.m. The record</p>	F000282	F 282 Services by qualified persons as per the Care Plan It is the intent of this facility to ensure the services are provided by qualified persons in accordance with each resident's written plan of care. 1. Actions Taken: a. Denture cream was applied for resident #69 per routine dental care. b. The prescription fluoride treatment was placed on the corresponding resident's treatment record. 2. Others Identified: a. Residents who wear dentures were audited to ensure that denture cream was being applied as needed. b. An audit of all residents with physician ordered dental care was conducted and no other residents were affected. 3. Measures Taken: a. A Point of Care task for oral care requiring denture cream for all residents that are dependent with ADL's will be created to allow for appropriate documentation and monitoring. b. In-services will be conducted with the CNAs to ensure that denture cream is applied as required to meet the resident's needs and with the appropriate documentation. . c. In-services will be conducted with the nurses to ensure they know what	12/06/2013	

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	<p>indicated Resident #69 had diagnoses that included, but were not limited to, congestive heart failure, atrial fibrillation, heart valve disorders, bilateral lower extremity venous insufficiency, stage 3 chronic renal failure, venous stasis skin conditions, edema, and gastroesophageal reflux disease.</p> <p>A "Dental Encounter Form", dated 5/24/13, indicated, but was not limited to: "...Rx denture adhesive."</p> <p>A "Dental Encounter Form", dated 7/8/13, indicated, but was not limited to: "...Advised chewing slower and softer foods. Use pastes QD."</p> <p>Physician's recapitulation orders, dated 9/1/13 through 9/30/13, indicated the following undated orders: "Apply denture paste food seal or E.S. (extra strength) topically to clean & dry dentures liberally, re-apply after hot foods/liquids & as needed, remove all pastes from tissues...daily at HS. Assist [with]/paste...daily, remove from tissues daily at HS. Use ES denture adhesive pink or clear as directed Dx: Dentures."</p> <p>A quarterly minimum data set assessment, dated 8/6/13, indicated</p>		<p>procedures CNAs can and cannot perform. d. All physicians ordered dental care has and will be placed on the TAR. 4. How Monitored:</p> <p>a. Don or Designee will monitor Point of Care task alerts daily for dependent residents receiving oral care. This will be completed 3 times a week for 3 weeks and then 1 time a week for 4 weeks.</p> <p>b. Physician orders will be reviewed daily at stand-up meeting. c. The DON or designee to audit the Treatment records weekly for compliance. d. The results will be reviewed by the QA committee monthly and quarterly with the Medical Director, to determine if further action is needed. 5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 12-06-13.</p>		

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	<p>Resident #69 required extensive assistance of one for personal hygiene, including oral care, and had a functional limitation in range of motion related to upper extremities, including shoulder, elbow, wrist, and hand on both sides.</p> <p>A care plan, dated 11/3/13, indicated "The resident has a communication problem r/t (related to) slurring, mumbled words, and loose fitting dentures." Goal: "The resident will maintain current level of communication function by making sounds, using appropriate gestures, responding to yes/no questions appropriately daily and through the review dated."</p> <p>A care plan, dated 11/1/13, indicated: "Resident states dentures feel loose at times, prefers not to wear dental paste. Goal: "Resident will be offered foods they are able to eat trn (through next review)." Interventions: "Dental services as needed, resident's weight will be stable, serve diet as ordered and offer exchanges for any food resident unable to chew."</p> <p>During an interview, on 11/5/13 at 11:05 a.m., Resident #69 indicated he did not have denture paste applied to his dentures this morning, and that</p>			

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	<p>"they never put anything on my dentures."</p> <p>During an interview, on 11/6/13 at 1:32 p.m., CNA #8 indicated second shift will put the dentures in a denture cup, the resident doesn't use any paste, and she just puts them in his mouth. She indicated she has to rinse them off, and said she doesn't use paste because they stay in his mouth.</p> <p>During an interview, on 11/7/13 at 11:30 a.m., the Director of Nursing (DoN) indicated the primary care physician said the order to apply the denture cream could be removed from the rewrites and placed on the CNA assignment sheets, and not on the treatment sheets because it is something the CNA's can do. The DoN said it should be on the CNA assignment sheets.</p> <p>2. An observation of Resident #26's mouth/teeth, on 10/28/2013 at 2:22 p.m., indicated bottom teeth appearing to have some scale/staining. Resident indicated that the dentist had checked his teeth last month and also indicated that he brushed his teeth monthly.</p> <p>Review of the clinical record for</p>				

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	<p>resident #26, on 11/01/13 at 2:05 p.m., indicated the resident had diagnoses which included, but were not limited to, anemia, high blood pressure, esophageal reflux, osteoarthritis, dementia, depressive disorder, convulsions, enlarged heart, unspecified vitamin D deficiency, and atrial fibrillation.</p> <p>Review of the October 2013 and November Physician's Orders indicated, orders for Denta 5000 cream Plus (for Prevident 5000 - a 1.1 % Sodium Fluoride prescription dental cream with 5000 ppm (parts per million) Fluoride Plus mild cleaning system labeled Rx (prescription only) use to brush teeth in every morning dated 07/09/2013 and Denta 5000 cream Plus use to brush teeth after regular brushing to gumline every evening. Nothing by mouth 30 minutes after each use dated 07/09/13 with line thru order and noted to see pocket worksheet (Resident Care Information Pocket Sheet - worksheet for CNA [Certified Nursing Assistant]).</p> <p>Review of the Medication Administration Record October 2013 and November 2013 for the resident showed daily documentation for the AM Denta 5000 cream brushing</p>				

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	<p>treatment but no documentation for the PM Denta 5000 cream brushing treatment. Review of the pocket worksheet for Resident #26 indicated, "Assist w/brushing gum line BID (twice a day)".</p> <p>A care plan, initiated on 07/23/2013, for "Resident requires assistance with ADL's" indicated, an intervention of "assist resident to brush gums BID (twice a day)".</p> <p>Review of PrevMED facility dentist visit note 02/11/13 indicated an oral assessment that showed: "Plaque, calculus, stains, inflammation, recession, periodontitis", and a 09/10/13 facility dentist visit note indicated treatment of: "fluoride varnish, chlorhexidine, res oral hygiene homecare products".</p> <p>An interview with LPN (Licensed Practical Nurse) #5, on 11/05/2013 at 2:15 p.m., indicated that she was unable to locate Resident #26's Denta 5000 cream Plus after checking in the medication cart for it and also checking in resident's room for it and would keep trying to find. LPN #5 also indicated that the CNA's are supposed to be charting use of the evening Denta 5000 cream Plus treatment.</p>						

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	<p>An interview with CNA #6, on 11/05/2013 at 2:50 p.m., indicated that she has assisted Resident #26 with evening mouth care and the Denta 5000 cream Plus treatment when working evening shift and showed where she makes notes to document this in the computer kiosk.</p> <p>An interview with Resident #26, on 11/06/2013 at 9:56 a.m., indicated that he does brush his teeth usually every 2 days not monthly and also indicated that the aides do come in every day and help him with getting dressed and will lay out his toothbrush/toothpaste for him to brush and that after he brushes they will help him rinse. He also indicated that he had no recollection of nurse or aide bringing him in any other toothpaste or cream to use on his teeth after he had first brushed them and telling him to not eat/drink for thirty minutes after.</p> <p>Review of an annual MDS (Minimum Data Set Assessment), dated 5/24/13, indicated the resident "requires frequent mouth inspections - report changes to the nurse, resident will comply with mouth care at least daily through review date." A quarterly MDS, dated 09/04/2013,</p>						

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	<p>indicated Resident #26 was cognitively intact. A 09/05/13 quarterly MDS review indicated: "Provide mouth care as per ADL (Activities of Daily Living) personal hygiene."</p> <p>An interview/observation with Resident #26, on 11/06/2013 at 2:39 p.m., indicated that he did not think he has had any special teeth/gum treatment being done and thought that he just used regular toothpaste. Observation of mouth care products sitting on resident's bathroom shelf showed only regular toothpaste and mouthwash.</p> <p>An interview and observation, on 11//6/13 at 10:27 a.m., with LPN #7, indicated that Resident #26's Denta 5000 cream Plus should be in the treatment cart and that she has used it with resident in past but that the treatment is now being done on night shift (6p - 6a). She indicated that one is being done in evening and the other is being done before days come in. LPN #6 found the Denta 5000 tube/prescription bag dated 07/09/13 in the treatment cart. The tube was observed having an expiration date of 08/14. The product label showed: 1.1 % Sodium Fluoride prescription dental cream with 5000 ppm (parts</p>			

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	<p>per million) Fluoride Plus mild cleaning system labeled Rx (prescription) only. The instructions included but were not limited to: apply thin ribbon, brush thoroughly after use to expectorate, and for best result to not drink or rinse for 30 minutes after. The tube also was noted "Do not Swallow". The tube was marked for containing 1.8 ounces of the product. The tube was observed to be approximately 1/3 used and LPN #7 also indicated that the tube appeared to be approximately 1/3 used.</p> <p>LPN #7 also showed the MAR for November showing the change to the evening shift for documenting that the treatment was given. LPN #7 also showed the note to the order to "see pocket worksheet" and also showed the notation on the pocket worksheet for "brush teeth BID". She also indicated that the CNA's can do the Denta 5000 treatment and even though it is not listed specifically on the pocket worksheet for using the Denta 5000 cream, that the CNA's know to ask the nurse for the cream and that they document this in the computer kiosks.</p> <p>During an interview, on 11/06/13 at 4:30 p.m., the DON indicated that the computer charting for the CNA's is</p>			

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	<p>still new and that there is no direct documentation for oral care separate from the general AM care documentation.</p> <p>During an interview, on 11/07/13 at 2:10 p.m., the DON indicated that the facility had obtained verbal ok from the facility dentist to begin to allow the CNA's to perform prescription mouth care treatments but the facility does not have a written policy for this in place as yet.</p> <p>3.1-35(g)(2)</p>			

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F000312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview and record review, the facility failed to provide oral hygiene for a resident who is unable to independently carry out activities of daily living (ADLs) for 1 of 6 residents reviewed for ADLs. (Resident #74)</p> <p>Findings include:</p> <p>A review of the medical record, on 11/5/13 at 11:30 a.m., indicated that Resident #74 had diagnoses including, but not limited to, dementia with severe mood disturbance, high blood pressure, depression, delusions and hallucinations. The resident's most recent Brief Interview for Mental Status (BIMS), on 4/9/13, indicated he was severely impaired in his attention, orientation, and ability to register and recall new information.</p> <p>In an interview with Resident #74's wife, on 11/4/13 at 10:16 a.m., she indicated that her husband recently received a "new upper plate" (dentures) and that staff have not</p>	F000312	<p>F 312 ADL care provided for dependent residents It is the intent of this facility to provide oral hygiene for any resident who is unable to independently carry out activities of daily living. 1. Actions Taken: a. Oral care was provided to Resident #74. 2. Others Identified: a. All dependent residents were assessed and provided oral care if and as needed. 3. Measures Taken: a. Point of Care task for oral care for resident #74 and all resident that are dependent with ADL's was created for appropriate documentation and monitoring. b. An in-service for nursing staff will be conducted regarding the importance of providing the appropriate oral care to all dependent residents, and the documentation thereof. 4. How Monitored: a. Don or Designee will monitor Point of Care task alerts daily for dependent residents receiving oral care. Then this will be completed 3 times a week for 3 weeks and then 1 time a week for 4 weeks. b. The Daily Room Rounds tool will be revised to include asking the resident if they were provided oral care that day</p>	12/06/2013			

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	<p>removed them to clean them. She indicated that she "left word at the front desk to take out his plate and clean it, but they just leave it in." She further indicated, "I've never seen them take out his upper plate." When asked, Resident #74 indicated he had not received oral care in a week.</p> <p>Resident's bottom teeth were observed to have a moderate amount of yellow-brown residue/build-up along the gum line and lower teeth during multiple observations on 11/4/13, 11/5/13 and 11/6/13.</p> <p>A "Personal Hygiene" report was provided by the Director of Nursing (DoN), on 11/4/13 at 3:33 p.m. for Resident #74. The "Personal Hygiene: Self Performance - How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers)" was documented 2-3 times daily for the dates 10/21/13 - 11/4/13. No documentation related specifically to oral or denture care was indicated.</p> <p>In an interview with the DoN, on 11/5/13 at 10:25 a.m., she indicated that all oral hygiene care is documented under general</p>		<p>and then this will be reviewed every business day at afternoon stand-down. c. The results will be reviewed by the QA committee monthly and quarterly with the Medical Director, to determine if further action is needed. 5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 12-06-13.</p>		

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	<p>ADL/Personal Hygiene documentation and that there is no specific documentation regarding oral hygiene, brushing teeth or denture care required of staff. She indicated that oral hygiene should be included with general a.m. and p.m. care.</p> <p>The "Routine Oral Hygiene" Policy and Procedure and "Denture Care Oral Hygiene" Policy and Procedure were provided by the DoN, on 11/5/13 at 10:50 a.m. Neither indicated a frequency for performing oral hygiene.</p> <p>During an interview with LPN #1, on 11/6/13 at 10:20 a.m., she acknowledged the moderate amount of yellow-brown residue/build-up along Resident #74's gum line and lower teeth. When asked if it appeared as if he had not received oral care in several days, she indicated, "Yes."</p> <p>LPN #1 could not locate an order related to removing dentures and cleaning them nightly, indicating, "I actually don't see it on the POC (Point of Care) to take out the dentures, so I'm going to put it in".</p> <p>During an interview with LPN #2, she indicated that the CNAs use "pocket</p>			

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	<p>sheets" (assignment sheets) for instructions related to ADLs, including oral hygiene. A copy of Resident #74's current "Resident Care Information Pocket Sheet" was provided by the DoN on 11/5/13 at 5:13 p.m. Under "Care Needs", the document indicated, "Assist w/ (with) ADLs PRN (as needed)." No mention of oral hygiene or denture care was indicated.</p> <p>LPN #2 then checked to see if an order was there to take dentures out to be cleaned nightly and indicated "I actually don't see it on the POC (Point of Care - what CNA's use to document in) to be done - to take out the dentures - so I'm going to put it in".</p> <p>3.1-38(a)(3)(C)</p>			

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F000468 SS=E	<p>483.70(h)(3) CORRIDORS HAVE FIRMLY SECURED HANDRAILS The facility must equip corridors with firmly secured handrails on each side. Based on observation and interview, the facility failed to maintain firmly secured handrails on each side of the hallway throughout the facility. This deficient practice had the potential to affect all 67 residents in the facility.</p> <p>Findings include:</p> <p>During an environmental tour with the the Maintenance Director and the Housekeeping Supervisor, on 11/6/13 at 2:00 p.m., indicated the following handrails were not securely affixed to the walls:</p> <ol style="list-style-type: none"> 1. The corner handrail outside resident room #41. 2. The handrail between resident room #37 and #39. 3. The handrail between rooms #57 and #59. 4. The corner handrail outside "ICF Soiled Utility Room" 5. The corner handrail outside "Therapy Gym" 6. The corner handrail outside room #36 <p>In an interview with the Maintenance Director at 2:15 p.m., he indicated</p>	F000468	<p>F 468 Corridors have firmly secure handrails It is the intent of this facility to equip corridors with firmly secured handrails on each side. 1. Actions Taken: a. All facility hand rails were repaired as needed to ensure that they were firmly secured on each side of all corridors. 2. Others Identified: a. Per the 2567, this potentially affected all the residents; therefore, no further review was needed. 3. Measures Taken: a. The Preventive Maintenance Schedule will be revised to include a semi-annual inspection of all handrails. 4. How Monitored: a. The CEO will complete the first semi-annual inspection with the Director of Maintenance. b. The Daily Room Rounds tool will be revised to include checking the handrails adjacent to the respective room, and will be reviewed every business day at morning stand-up. c. The results will be reviewed by the QA committee monthly and quarterly with the Medical Director, to determine if further action is needed. 5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 12-06-13.</p>	12/06/2013			

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	<p>that he was aware that some of the handrails were loose but had not fixed them.</p> <p>3.1-19(f)(3)</p>			

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F000514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on record review and interview, the facility failed to ensure a resident's transfer sheet included the reason for the transfer. This affected 1 of 27 residents reviewed for complete and accurate documentation. (Resident #101)</p> <p>Findings include:</p> <p>Resident #101's record was reviewed on 11/5/13, at 10:20 a.m. The record indicated Resident #101 was admitted with diagnoses that included, but were not limited to, coronary artery disease, osteoarthritis, depression, anxiety, arthritis, venous insufficiency, peripheral neuropathy, chronic congestive heart failure, pneumonia,</p>	F000514	<p>F 514 Resident Records – complete, accurate and accessible It is the intent of this facility to maintain clinical records on each resident in accordance with accepted professional standards and practices. 1. Actions Taken: a. Resident #101 is no longer in our facility and no further action is needed. 2. Others Identified: a. Transfer sheets for any residents who were discharged to the hospital for the last 90 days were audited and no other resident were affected. 3. Measures Taken: a. The Nurses will be in-serviced relating to the need for complete and accurate documentation. 4. How Monitored: a. The Transfer forms will be reviewed in the daily Clinical Quality Indicator meeting to ensure they are complete and accurate. b. The DON or Designee will Audit the</p>	12/06/2013	

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	<p>and senile dementia with mood disturbance.</p> <p>A physician's telephone order, dated 6/9/13, indicated an order to "Send to [local hospital] ER (emergency room) to eval[uate] & TX."</p> <p>A "Resident Transfer Form", dated 6/9/13, indicated Resident #101 was sent to a local hospital, but did not include the reason she was transferred in the "Condition/Reason for Transfer" section on the transfer form.</p> <p>During an interview, on 11/7/13 at 11:10 a.m., the Assistant Director of Nursing indicated the reason for the transfer should be on the transfer sheet.</p> <p>This Federal tag relates to Complaint IN00132364.</p> <p>3.1-50(a)(1)</p>		<p>ADT section of Point Click Care to ensure the same. c. The results will be reviewed by the QA committee monthly and quarterly with the Medical Director, to determine if further action is needed. 5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 12-06-13.</p>	