

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155109	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/20/2014
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MISHAWAKA	STREET ADDRESS, CITY, STATE, ZIP CODE 811 E 12TH ST MISHAWAKA, IN 46544
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint #IN00140290.</p> <p>Complaint #IN00140290 - Substantiated. Federal/state deficiencies related to the allegations are cited at F256 and F465.</p> <p>Survey dates: February 11, 12, 13, 14, 17, 18, 19 & 20, 2014</p> <p>Facility number: 000045 Provider number: 155109 AIM number: 100291400</p> <p>Survey team: Julie Baumgartner, RN-TL Shauna Carlson, RN Sharon Ewing, RN Lora Swanson, RN (2/11, 2/12, 2/13, 2/14, 2014) Shelly Miller-Vice, RN (2/13, 2/19, 2/20, 2014)</p> <p>Census bed type: SNF/NF: 66 Total: 66</p> <p>Census payor type:</p>	F000000	<p>Disclaimer Statement Submission of the plan of correction is not an admission that a deficiency exists or that they were cited correctly. This Plan of Correction is a desire to continuously enhance the quality of care and services provided to our residents and is submitted solely as a requirement of the provision of Federal & State Law. "This Plan of Correction constitutes a written allegation of substantial compliance with Federal Medicare and Medicaid requirement."</p>	
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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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F000256 SS=D	<p>Medicare: 3 Medicaid: 58 Other: 5 Total: 66</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on February 27, 2014, by Brenda Meredith, R.N.</p> <p>483.15(h)(5) ADEQUATE & COMFORTABLE LIGHTING LEVELS The facility must provide adequate and comfortable lighting levels in all areas.</p> <p>Based on observation and interview, the facility failed to provide adequate lighting in the shared bathroom for rooms 112 and 114. This affected 1 of 2 bathrooms sampled.</p> <p>Findings include:</p> <p>On 2/19/14 at 11:45 a.m. to 12:15 p.m., a tour was conducted of the 100 Hall and the following was noted:</p> <p>The bathroom between Rooms 112</p>	F000256	<p>1) Residents G, B, K, and N were assessed and no ill effects were observed related to the deficient practice. The light bulb in the shared bathroom was replaced.2) All residents have the potential to be affected by this practice. An audit of the lighting for current residents was completed to ensure that no other residents were affected by this practice. Individual adjustments were made as appropriate.3) All staff will be in-serviced regarding the need to notify the Director of Maintenance and/or Designee regarding any lighting concerns/issues. 4) Management</p>	03/22/2014			

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	<p>and 114, shared by Residents G, B, K, and N had dim overhead lighting.</p> <p>On 2/19/14 at 2:10 p.m., interview with the Director of Maintenance indicated a light bulb was out in the shared bathroom between Rooms 112 and 114 and needed to be replaced.</p> <p>On 2/20/14 at 2:15 p.m. an interview was conducted with Resident B, G, and K in Room 114. The following was indicated:</p> <p>Resident G indicated the bathrooms lighting was, "...not very bright...I'm not sure why...it's been that way for awhile...."</p> <p>This federal tag related to Complaint #IN00140290.</p> <p>3.1-19(dd)</p>		<p>staff will monitor assigned rooms at a minimum of at least five times per week during Guardian Angel Rounds to ensure lighting is adequate. Issues/concerns noted will be reported to the Director of Maintenance and/or Designee, the Executive Director and/or Designee and the IDT team in morning meeting for review and corrective action as needed. The Executive Director and/or Designee will follow up to ensure any concerns/issues have been addressed at a minimum of at least three times per week until concerns/issues with lighting are no longer noted.5) Any concerns will be monitored through the QAPI process for a minimum of three months. If no issues are noted after completion of the monthly QAPI process for three months, monitoring will be decreased to an as needed basis as determined by the QAPI committee. If issues continue to be identified, the QAPI committee will continue to monitor the issues identified on a monthly basis until one month has passed with no issues being identified, at which time monitoring will be decreased to an as needed basis as determined by the QAPI committee.</p>		

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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, interview and record review, the facility failed to develop a comprehensive care plan for 1 of 3 residents who met the criteria of altered dental status. (Resident #19)</p> <p>Findings include:</p> <p>On 2-13-2014 at 9:51 A.M., observation of Resident #19 indicated she had no lower teeth and broken and discolored upper teeth. Interview with Resident #19 at this time indicated because of</p>	F000279	<p>1) Resident #19 was assessed and no ill effects were observed related to the deficient practice. 2) All residents have the potential to be affected. An audit of current residents was completed to ensure that no other residents were affected by this practice. Care plans were audited and individual adjustments to care plans were made as appropriate/necessary.3) The Social Services Director will be in-serviced on the need to develop comprehensive care plans which identify pertinent problems and needs, realistic goals to be accomplished and the</p>	03/22/2014			

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	<p>having no teeth on the bottom she "...has a hard time with some foods..." and "...they [the dentist] pulled my bottom teeth in August and they [the facility] are helping me get dentures...."</p> <p>On 2-13-2014 at 10:30 A.M., record review indicated Resident #19 diagnoses included but were not limited to: "...anemia, osteoporosis, edema, HTN [hypertension-high blood pressure], hemorrhage of gastrointestinal tract, contusion of abdominal wall, esophageal reflux, diabetes, hyperlipidemia, generalized pain...." Review of Resident #19's MDS (Minimum Data Set-assessment tool), dated 1-6-2014, indicated her BIMS (Brief Interview for Mental Status) score was 15/15, indicating no memory deficits. Review of Resident #19 physician order, dated 6-20-2013, "...may see Podiatrist, Dentist, Audiologist, and Ophthalmologist...." Review of Resident #19's care plans indicated there was no care plan related to dental health or dental status.</p> <p>On 2-17-2014 at 10:45 A.M., interview with the Social Worker indicated "...I had no idea she [Resident #19] wanted dentures...I</p>		<p>specific action to be taken in resolution of the problems and/or needs upon admission of each resident.4) The DNS and/or Designee will audit the care plans to ensure care plans have been developed according to facility policy and procedure. Audits will be performed at a minimum of at least five times per week for a minimum of at least three months and will continue until no further issues are noted. Issues noted will be reported to the SSD and IDT team in morning meeting for review and corrective action as needed.5) Any concerns will be monitored through the QAPI process for a minimum of three months. If no issues are noted after completion of the monthly QAPI process for three months, monitoring will be decreased to an as needed basis as determined by the QAPI committee. If issues continue to be identified, the QAPI committee will continue to monitor the issues identified on a monthly basis until one month has passed with no issues being identified, at which time monitoring will be decreased to an as needed basis as determined by the QAPI committee.</p>				

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	<p>was in charge of coordinating dental services but I terminated the contract with the dentist we had come into the facility last July [2013]..." and "...the nurses are making the dental appointments now...."</p> <p>On 2-20-2014 at 8:45 A.M., interview with DON (Director of Nursing) indicated Resident #19 "... did not have a care plan related to dental health..." and "...social services would make those [dental] care plans...."</p> <p>On 2-20-2014 at 12:15 P.M., review of the job description "Social Services Coordinator" indicated "...Essential Job Duties...Develop a ...care plan which identifies pertinent problems and needs, realistic goals to be accomplished and the specific action to be taken in resolution of the problems and/or needs upon admission of each new resident...."</p> <p>3.1-35(a)</p>				

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F000371 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>1. Based on observation, interview and record review, the facility failed to ensure that kitchen equipment was clean and sanitary, related to a dirty ice machine and ice scoop container. This had the potential to affect 61 of 61 resident who receive ice from 1 of 1 ice machine.</p> <p>2. Based on observation, interview, and record review, the facility failed to distribute and serve food under sanitary conditions in regard to hand washing and infection control practices. (CNA #1, CNA #2, CNA #3, Employee #4, and Employee #8)</p> <p>3. Based on observation, interview, and record review, the facility failed to ensure English Muffins that were past their used by date were discarded. This had the potential to affect 65 out of 66 residents that receive meals from 1 of 1 kitchen.</p> <p>Findings include:</p>	F000371	<p>1) Foods stored in the kitchen identified as out-of-date were discarded. The ice machine, refrigerator and ice scoop container were cleaned.2) All residents have the potential to be affected by this practice. An audit of current residents was completed to ensure that no residents were affected by this practice.3) The Dietary Manager will in-service dietary staff regarding appropriate storage, rotation, and discarding of items to maintain sanitary conditions and follow guidelines. The Housekeeping Director will in-service housekeeping staff regarding cleaning of nourishment pantry refrigerators, the ice machine, and the ice scoop container. The Director of Clinical Education will in-service all staff on proper meal service handwashing techniques.4) The Dietary Manager and/or Designee will monitor the kitchen for theappropriate rotation, storage, and discarding of food/food items at a minimum of five times per week for four weeks, then three times per week for four weeks, then weekly until concerns are no</p>	03/22/2014			

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	<p>1. On 2/11/14 at 11:30 A.M., during the initial tour, the following was observed in the nourishment room on the 100 hall: an ice scoop in a plastic container that was mounted to the wall had no lid on it, there was a yellow crusty substance in the bottom of the container. The ice machine was noted to have a yellow crusty substance on the bottom of the lid rest. A yellow crusty substance was noted around an upper seam of the ice machine above the lid. The refrigerator located in the nourishment room was observed to have a pink watery substance on the bottom shelf and a pink sticky substance on the sides of the refrigerator.</p> <p>On 2/14/14 at 10:10 A.M., an interview with the Maintenance Director indicated he was responsible for the monthly cleaning of the ice machine. The Maintenance Director further indicated the next monthly cleaning would be due on 3/9/14 and that the last time he would of performed the cleaning was sometime around 2/9/14.</p> <p>On 2/14/14 at 10:15 A.M., an interview with the Housekeeping</p>		<p>longer being noted.The Housekeeping Director and/or Designee will monitor the ice machine, ice scoop container and nourishment pantry refrigerators to ensure items are clean at a minimum of five times per week for four weeks, then three times per week for four weeks, then weekly until concerns are no longer being noted.The Director of Clinical Education and/or Designee will monitor handwashing in the dining rooms for appropriate handwashing procedures at a minimum of five times per week for four weeks, then three times per week for four weeks, then weekly until concerns are no longer being noted.5) Any concerns will be monitored through the QAPI process for a minimum of three months. If no issues are noted after completion of the monthly QAPI process for three months, monitoring will be decreased to an as needed basis as determined by the QAPI committee. If issues continue to be identified, the QAPI committee will continue to monitor the issues identified on a monthly basis until one month has passed with no issues being identified, at which time monitoring will be decreased to an as needed basis as determined by the QAPI committee.</p>		

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	<p>Director indicated that it was the responsibility for the housekeeping department to clean the outside of the ice machine daily.</p> <p>On 2/14/14 at 10:45 A.M., an interview with the Dietary Manager indicated that it was the responsibility of the dietary department to use a sanitizer and wipe down the lid and the inside ledge for lid on the ice machine every evening when snacks are delivered to the nourishment room.</p> <p>On 2/14/14 at 11:00 A.M., record review of the current policy titled "Cleaning Ice Machines" received from the Maintenance Director indicated "...Follow the steps below daily to clean the ice machine...1. Clean the outside of the machine with a clean cloth and detergent solution. 2. Sanitize dispensing area or door to chest...Follow the steps below monthly to clean chest ice machines:...4. Scrub all surfaces using a clean cloth and detergent solution. 5. After cleaning, rinse chest with water. 6. Rinse again using a sanitizing solution at the appropriate strength. 7. Allow chest to air dry...Follow the steps below to clean the ice scoop each shift (twice daily)...2. Wash and sanitize by</p>			

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	<p>running through dish machine...6. Sanitize ice scoop holders...with correct strength sanitizing solution...."</p> <p>On 2/14/14 at 11:10 A.M., record review of the Ice Machine Monthly Maintenance Procedure received from the Maintenance Director indicated "...clean all surfaces according to the Beverly Dietary Policy and procedure manual (pg 6.39) and manufacturer's instructions...."</p> <p>2A. On 2/11/14 at 12:20 P.M., CNA #1 was observed assisting a resident to the Fireside Lounge dining room in his wheelchair. CNA #1 was not observed to wash hands or use hand sanitizer and then proceeded to deliver meal trays to the resident's in the dining room. At 12:25 P.M., CNA #2 was observed to wash her hands for 5 seconds. At 12:30 P.M., the Activity Director (Employee #4) was observed to wash her hands for 5 seconds. At 12:31 P.M., CNA #3 was observed to wash hands for 8 seconds.</p> <p>On 2/12/14 at 12:15 P.M., CNA #1 was observed to wash her hands for 20 seconds then touched the corner</p>			

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	<p>of her eye and rub under her nose. CNA #1 was not observed to wash her hands or use a hand sanitizer and then proceeded to place a clothing protector on a resident and deliver a drink to a resident.</p> <p>On 2/12/14 at 12:30 P.M., an interview with CNA #1 indicated she should wash her hands for 20 seconds, after every 3rd tray passed, and if she physically touches a resident.</p> <p>On 2/14/14 at 11:00 A.M., record review of the current policy titled "Handwashing/Hand Hygiene" received from the Director of Nursing indicated "...2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors...5. Employees must wash their hands for at least fifteen seconds using antimicrobial or non-antimicrobial soap and water under the following conditions:...c. Before and after direct resident contact...g. Before and after assisting a resident with meals...p. After blowing or wiping nose...."</p> <p>2 B. On 2/11/14 at 12:12 P.M., the</p>				

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	<p>Social Worker (Employee #8) was observed standing at the table of Resident #14. Resident #14 was seated in the Main Dining Room awaiting her meal. Social Worker was then observed tucking her black shirt into the inside of her black pants. When the Social Worker completed tucking her shirt in, then spoke to Resident #14 and was observed opening 6 packages of Sweet and Low and placing them into 3 glasses that were set up on Resident #14's table. The Social Worker did not wash her hands or use hand sanitizer before she opened the Sweet and Low packages into the glasses.</p> <p>On 2/20/14 at 10:30 A.M. interview with Director of Nurses indicated if an employee touches their clothing or hair they should have their hands washed before they serve food.</p> <p>On 2/20/14 at 11:00 A.M., review of the Handwashing/Hand Hygiene Infection Control Policy and Procedure manual revised August 2012, received from the Director of Nurses, indicated "... 5. Employees must wash their hands for at least fifteen seconds using antimicrobial or non-antimicrobial soap and water under the following conditions:</p>			

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	<p>Before and after assisting residents with meals...."</p> <p>3. On 2/11/14 between 11:00 A.M. and 11:30 A.M., an initial tour of the kitchen was conducted with the dietary manager, in the dry storage room, 4 packages of Aunt Millie's Fat Free Old Fashioned White English Muffins with the expiration date of 2/3/14, were observed on the bread rack. The packages of Fat Free Muffins were unopened. Interview with Dietary Manager, at this time, indicated the English Muffins were outside of their used by date and that they had not been served to the resident's of the facility.</p> <p>On 2/14/14 at 12:05 P.M., review of delivery invoice #002402602407 indicated the Aunt Millie's Fat Free Old Fashioned White English Muffins had been delivered on 2/3/14 at 8:40 A.M.</p> <p>On 2/20/14 at 12:05 P.M., review of the Dining Services Policies and Procedures - Chapter 5: Infection Control 5.55 received from Dietary Manager indicated "...The director of dining or designee must ensure that all food is properly stored, used and</p>						

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F000412 SS=D	<p>disposed of according to guidelines...Rotate Stock...Monitor use by dates or best if used by dates...."</p> <p>3.1-21(i)(3)</p> <p>483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS</p> <p>The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist.</p> <p>Based on observation, interview and record review, the facility failed to provide routine dental services for 1 of 3 residents who met the criteria of altered dental status. (Resident #19)</p> <p>Findings include:</p> <p>On 2-13-2014 at 9:51 A.M., observation of Resident #19 indicated she had no lower teeth and broken and discolored upper teeth. Interview with Resident #19 at this time indicated because of</p>	F000412	<p>1) Resident #19 was seen by the dentist for fitting for dentures 3/04/14 and a follow up appointment for dentures has been made.2) All residents have the potential to be affected by this practice. An audit of current residents was completed to ensure that no other residents were affected by this practice. Individual adjustments were made as appropriate.3) The Director of Social Services will be in-serviced regarding the need to provide dental services to residents as needed.4) The Director of Social Services</p>	03/22/2014
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	<p>having no teeth on the bottom she "...has a hard time with some foods..." and "...they [the dentist] pulled my bottom teeth in August and they [the facility] are helping me get dentures...."</p> <p>On 2-13-2014 at 10:30 A.M., record review indicated Resident #19 diagnoses included but were not limited to: "...anemia, osteoporosis, edema, HTN [hypertension-high blood pressure], hemorrhage of gastrointestinal tract, contusion of abdominal wall, esophageal reflux, diabetes, hyperlipidemia, generalized pain...." Review of Resident #19's MDS (Minimum Data Set-assessment tool), dated 1-6-2014, indicated her BIMS (Brief Interview for Mental Status) score was 15/15, indicating no memory deficits. Review of Resident #19 physician order, dated 6-20-2013, "...may see Podiatrist, Dentist, Audiologist, and Ophthalmologist...."</p> <p>On 2-17-2014 at 10:45 A.M., interview with Social Worker indicated "...I had no idea she [Resident #19] wanted dentures...I was in charge of coordinating dental services but I terminated the contract with the dentist we had come into the facility last July</p>		<p>and/or Designee will monitor Progress Notes and ensure referrals for dental services are made at a minimum of five times per week x four weeks, then three times per week x four weeks, then weekly until concerns are no longer being noted. The DNS and/or Designee will review the audits to ensure dental referrals have been made according to facility policy and procedure. Audits will be performed at a minimum of at least five times per week for a minimum of at least three months and will continue until no further issues are noted. Issues noted will be reported to the Executive Director and IDT team in morning meeting for review and corrective action as needed.5) Any concerns will be monitored through the QAPI process for a minimum of three months. If no issues are noted after completion of the monthly QAPI process for three months, monitoring will be decreased to an as needed basis as determined by the QAPI committee. If issues continue to be identified, the QAPI committee will continue to monitor the issues identified on a monthly basis until one month has passed with no issues being identified, at which time monitoring will be decreased to an as needed basis as determined by the QAPI committee.</p>				

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F000458 SS=C	<p>[2013]..." and "...the nurses are making the dental appointments now...."</p> <p>On 2-20-2014 at 8:45 A.M., interview with DON (Director of Nursing) indicated Resident #19 had not had a follow up appointment to be fitted for dentures.</p> <p>On 2-20-2014 at 10:00 A.M., review of "Social Services Policies and Procedures Manual", received on 2-19-2014 at 3:00 P.M. from the ED (Executive Director), indicated "...Application: Social services department employees...Advocacy will be used when working on behalf of the resident's interests...Examples of situations that may require advocacy include, but are not limited to:...Referrals for dental services...."</p> <p>3.1-24(a)(1)</p> <p>483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. Based on observation and interview, the facility failed to provide at least</p>	F000458	1) All residents have the potential to be affected. An audit of current	03/22/2014			

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	<p>80 square feet per resident in 22 multiple occupancy resident rooms for 2 of 2 units (100 and 200). (Rooms 100, 101, 103, 104, 108, 109, 110, 111, 112, 114, 116, 118, 204, 205, 206, 207, 211, 213, 215, and 226). In addition, the facility failed to ensure 100 square feet per resident in single resident rooms. (Rooms 105 and 107).</p> <p>Findings include:</p> <p>1. During the environmental tour on 2-20-2014 at 11:00 A.M., the following multiple rooms were observed to contain less than 80 square feet per resident. The following rooms were certified SNF/NF for three beds and measured from 70.5 to 72 square feet per resident.</p> <p>*Room 100, 2 beds, 211.5 total square feet. 105.75 square feet per resident.</p> <p>*Room 104, 2 beds, 216 total square feet. 108 square feet per resident.</p> <p>*Room 108, 2 beds, 216 total square feet. 108 square feet per resident.</p> <p>*Room 110, 2 beds, 216 total square feet. 108 square feet per resident.</p>		<p>residents was completed to ensure that no residents were affected by this practice.2) The facility has applied for a waiver related to room size for identified rooms: 100, 101, 103, 104, 108, 109, 110, 111, 112, 114, 116, 118, 204, 205, 206, 207, 211, 213,215, 226, 105 and 107.</p>				

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	<p>*Room 112, 2 beds, 216 total square feet. 108 square feet per resident.</p> <p>*Room 114, 2 beds, 216 total square feet. 108 square feet per resident.</p> <p>*Room 116, 2 beds, 216 total square feet. 108 square feet per resident.</p> <p>*Room 118, 2 beds, 211.5 total square feet. 105.75 square feet per resident.</p> <p>*Room 204, 2 beds, 216 total square feet. 108 square feet per resident.</p> <p>*Room 205, 2 beds, 212.9 total square feet. 106.45 square feet per resident.</p> <p>*Room 206, 2 beds, 215.3 total square feet. 107.65 square feet per resident.</p> <p>*Room 207, 2 beds, 213.6 total square feet. 106.8 square feet per resident.</p> <p>*Room 211, 2 beds, 213.6 total square feet. 106.8 square feet per resident.</p> <p>*Room 213, 2 beds, 213.6 total square feet. 106.8 square feet per</p>			

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	<p>resident.</p> <p>*Room 215, 2 beds, 213.6 total square feet. 106.8 square feet per resident.</p> <p>*Room 226, 2 beds, 216 total square feet. 108 square feet per resident.</p> <p>2. The following resident rooms were certified SNF/NF for 2 beds and measured between 70.5 and 71.5 square feet per resident.</p> <p>*Room 101, 1 bed, 141 total square feet. 141 square feet per resident.</p> <p>*Room 103, 1 bed, 144 total square feet. 144 square feet per resident.</p> <p>*Room 109, 1 bed, 143 total square feet. 143 square feet per resident.</p> <p>*Room 111, 1 bed, 143 total square feet. 143 square feet per resident.</p> <p>3. The following resident rooms were certified SNF/NF for one bed and measured less than 100 square feet.</p> <p>*Room 105, 1 bed, 91.6 total square feet. 91.6 square feet per resident.</p> <p>*Room 107, 1 bed, 91.6 total square</p>				

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F000465 SS=F	<p>feet. 91.6 square feet per resident.</p> <p>3.1-19(l)(2)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>1.) Based on observation and interview, the facility failed to clean 2 of 2 bathrooms sampled. This affected 8 of 8 residents who share the bathroom's. (Residents G, B, K, N, C, F, E, J)</p> <p>2.) Based on observation, interview and record review, the facility failed to assure odors in the shower rooms and the housekeepers office were managed. This affected 3 of 3 rooms sampled. (Hall 100, Hall 200, and Housekeepers Office on Hall 100)</p> <p>Findings include:</p> <p>1.) On 2/19/14 from 11:15 A.M. to 11:30 A.M., an interview with the daughter of Resident F indicated the bathroom was dirty and was not</p>	F000465	<p>1) Resident F, C, E and J's shared bathroom floor and bathroom pull cord were cleaned. Resident G, B, K, N's shared bathroom sink, floor, commode and pull cord were cleaned. Resident B, K and N's over-bed-tables were cleaned. The 100 hall shower tile was repaired and cleaned, the edging was cleaned, the storage cabinet was locked, the "P"-drains were cleaned and the exhaust fan was repaired. The shower room door is no longer propped open and the velcro is secure on the linen carts. An odor is no longer noted outside of room 203. The "P"-drain in the housekeeper's office was cleaned and the odor is no longer present. The 200 hall shower tile was repaired and cleaned, the edging was cleaned, the "P"-drains were cleaned and the exhaust fan was cleaned. The velcro is secure on the linen carts. The razor was removed from the floor. The shower</p>	03/22/2014

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	<p>routinely cleaned.</p> <p>On 2/19/14 at 11:45 A.M. to 12:15 P.M., a tour was conducted of the 100 Hall and the following was noted:</p> <p>The shared bathroom for Residents G, B, K, and N, between Rooms 112 and 114, had a dirty floor at the perimeter around the base boards and the sink basin was dirty. Dirt was visible under the commode and a pull-cord to the red call for help button was brown and stiff to touch.</p> <p>Resident N's over-bed-rolling table was visualized to have old cup rings on the surface.</p> <p>Resident K's over-bed-rolling table was visualized to have old cup rings on the surface.</p> <p>Resident B's over-bed-rolling table was visualized to have old cup rings on the surface.</p> <p>On 2/19/14 from 1:45 P.M. to 2:00 P.M., a tour was conducted of the 200 Hall and the following was noted:</p> <p>The shared bathroom for Residents F, C, E, and J, between Room 207</p>		<p>curtains were cleaned and replaced as needed.2) All residents have the potential to be affected by this practice. An audit of current residents was completed to ensure that no other residents were affected by this practice. Individual adjustments were made as appropriate.3) The Director of Housekeeping will in-service housekeeping staff regarding cleaning of shower rooms, resident bathrooms, over-the-bed tables, bathroom pull cords, and odor management. The Director of Clinical Education will in-service licensed staff on the need to keep cabinets locked, ensure velcro on linen carts is secured, reporting of odors to appropriate personnel and the need to keep shower room doors closed.4) The Director of Housekeeping and/or Designee will monitor resident rooms, bathrooms, shower rooms and housekeeping office at a minimum of five times per week x four weeks, then three times per week x four weeks, then weekly until concerns are no longer being noted. The Director of Nursing and/or Designee will perform rounds of shower rooms, residentrooms, resident bathrooms at least five times per week x fourweeks, then three times per week x four weeks, then weekly until concerns with odors/environment are no longer noted. The Director of Maintenance and/or Designee will</p>		

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	<p>and Room 209, had a dirty floor at the perimeter of the base boards and a pull-cord to the red call for help button was brown and stiff to touch.</p> <p>On 2/19/14 at 2:10 P.M., interview with the Housekeeping Supervisor indicated resident rooms are light-cleaned daily, including the bathrooms and the over-bed rolling tables.</p> <p>On 2/20/14 at 10:15, record review of the "Core Competency", received from the ED at this time, indicated "...Cleaning the Occupied Resident room....5. Disinfect all furnishings, fixtures, mirrors, handles, phones, all other horizontal surfaces...." "Core Competency. Resident Restroom Cleaning...6. Disinfect all surfaces including sinks, mirrors, counters, cabinets, dispensers, trash container etc....6. Using microfiber cloth dipped in germicidal detergent solution wipe...sink,... 7. Continuing disinfecting the restroom to assure that all horizontal and vertical surfaces are cleaned....9. Wet mop floor [Microfiber mop]. Wet mop daily with germicidal detergent solution and microfiber wet mop...." "Deep Clean Calendar. Month Feb: 2014. Station 2....Wipe tables down</p>		<p>perform rounds of housekeeper's office and shower rooms to ensure exhaust fans and "P"-drains are working correctly at a minimum of five times per week x four weeks, then three times per week x four weeks, then weekly until concerns are no longer being noted..5) Any concerns will be monitored through the QAPI process for a minimum of three months. If no issues are noted after completion of the monthly QAPI process for three months, monitoring will be decreased to an as needed basis as determined by the QAPI committee. If issues continue to be identified, the QAPI committee will continue to monitor the issues identified on a monthly basis until one month has passed with no issues being identified, at which time monitoring will be decreased to an as needed basis as determined by the QAPI committee.</p>	

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	<p>daily [bedside tables]...Station 1...Wipe tables down daily [bedside tables]...."</p> <p>On 2/20/14 at 2:15 P.M., interview with Resident's B, G, and K in Room 114, indicated:</p> <p>Resident B indicated the bathrooms were cleaned yet not always well enough, especially when the bathroom was shared between 4 residents "...well, I'd say it could be done a bit better...."</p> <p>Resident G indicated the bathrooms were, "...hit a time or two...but not really very clean...no..."</p> <p>Resident K indicated the bathrooms were shared between 4 residents and often were not cleaned well enough.</p> <p>2.) On 2/19/14 from 11:15 A.M. to 11:30 A.M., interview with the daughter of Resident F indicated, the bathrooms were not clean and she showered her mother at her own residency instead of showering her at the facility.</p> <p>On 2/19/14 from 11:45 A.M. to 12:15 P.M., a tour was conducted of the 100 Hall with Employee #56 and the</p>			

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	<p>following was noted:</p> <p>The shared shower room door was propped open and the room felt moist and warm. There were 3 separate shower-stall areas with the middle shower stall having the only plumbing hardware connected for accessing hot and cold water, and a hand-held shower head with a snake-flexible extension attached. The flooring in the middle shower stall was wet under foot, the tile work was not intact, nor was it visibly clean. The edging of the floor board/tile was dirty, and film was visible. A moist rolling shower chair, used for residents, was in the middle stall. The first shower stall area was storing a 6 foot high, double-door storage cabinet with 2 separate storage compartments. Both compartments were lockable. The lower compartment had a key-lock and was secured. The upper compartment was unlocked and open. Located inside the upper compartment were personal hygiene supplies for the residents care, and a hand held spray bottle labeled "A-456 II Disinfectant Cleaner". A sign was located on the front side of the upper compartment indicating the storage compartment was to be locked at all times.</p>						

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	<p>A 3 shelved linen cart with mesh velcro covering, holding clean linens, was observed in the 100 hall shower room. The velcro was not completely adhered, leaving the clean linens open to the shower room. A yellow floor wet caution sign was observed lying on the top of the linen cart.</p> <p>There were 4 "P-drains" in the 100 hall shower room, one in each shower stall floor area and one in the middle of the shower room floor. These drains were for water to drain from the room. It was observed that the drains had film build up, slimy to touch, and visible water was in the middle of the room drains.</p> <p>The exhaust fan in the 100 hall shower room would not turn on.</p> <p>On 2/20/14 at 9:15 A.M., a tour was conducted in the 200 hall, indicating a foul odor outside of Room 203.</p> <p>On 2/20/14 at 9:16 A.M., interview with Employee #52 indicated the hallway did smell bad.</p> <p>On 2/20/14 at 9:17 A.M., interview with Employee #53 indicated the hallway did smell bad.</p>						

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	<p>On 2/20/14 at 9:20 A.M., interview with Employee #5 indicated the smells in the hallways had been an issue on and off, and it was due to the sewage repair work under the foundation of the facility.</p> <p>On 2/20/14 at 9:25 A.M., interview with Employee #6 indicated the housekeeping services were a contracted service, and a sewer problem had been fixed "...awhile back, maybe...3-4 moths ago...the sewer pipes under the facility broke, and a professional service had to come and repair it... we [the facility] have had problems with odors since then...it's more prominent in the shower rooms and the housekeepers office, which is an 'old' shower room...it has the P-drains in the office area, but it's for storage and office stuff now...but, it gets very bad smelling in there...so much so, that I won't go in there or I go in as little as possible...I don't do anything to the drain in ways of keeping it clean...I've told the maintenance department several times, but that's as far as it goes...."</p> <p>On 2/20/14 at 9:35 A.M., interview with the Director of Maintenance (Employee #5) indicated there had been a sewer break under the</p>				

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	<p>shower room of hall 100 and the work had to be professionally completed. In regards to the cleaning of the P-drains in the shower rooms of the 100 and 200 hall and the housekeepers office, it was indicated that,"...the housekeepers take care of that..." and "...normal the P-drains are not a problem...they will dry out and when that happens anyone can just flush it with a chemical and water and that'll help keep the odors down...they do have some in the kitchen storage area, both shower rooms and the housekeepers office... every sink and toilet have them as well... and the dirty cleaning areas for housekeeping and maintenance and laundry...."</p> <p>On 2/20/14 at 9:45 A.M., an observation of the housekeepers office with Employee #6 on the 100 Hall, located between Rooms 109 and 111, indicated the following: A room full of chemicals for cleaning and disinfecting, clean linens for cleaning purposes, paper supplies such as paper towels and toilet paper, environmental mechanical cleaning equipment, an office space with a desk, filing cabinet and a separate door between the office and the storage area. A P-drain was</p>			

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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MISHAWAKA			STREET ADDRESS, CITY, STATE, ZIP CODE 811 E 12TH ST MISHAWAKA, IN 46544		
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	<p>observed in the storage area of the room. There was not fluid visible in the drain, however it was dirty, rusted, littered with several pulltops from the tops of cleaning supplies, and smelled musty.</p> <p>On 2/20/14 at 11:00 A.M., a tour of the Hall 200 shower room was conducted with Employee #50 and the following was noted:</p> <p>The shared shower room was locked, and upon entry the room held two 3 shelved linen carts with mesh velcro covering, holding clean linens. The velcro was not completely adhered, leaving the clean linens open to the shower room. The linen carts were stored in the first shower stall. Upon removing them from the stall area, a razor was visualized lying on the floor, the tiles were wet and filmy. The shower curtains were separating the stall areas and were a dingy color.</p> <p>There were 3 separate shower stall areas with the middle shower stall having the only plumbing hardware connected for accessing hot and cold water, and a hand-held shower head with a snake-flexible extension attached. The flooring in the middle shower stall was wet under foot, the</p>				

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	<p>tile work was not intact and it was dirty with a black film. The edging of the floor board/tile was dirty and film was visible. A moist rolling shower chair, used for residents, was in the middle stall.</p> <p>The fan in the 200 hall shower room was covered with a thick coating of dust.</p> <p>There were 4 "P-drains" in the 200 hall shower room located one in each of the 3 shower stall areas and one in the middle of the shower room floor. These drains were for water to drain from the room. It was observed that the drains had film build up, slimy to touch and water was visualized in the middle shower stall drain and in the middle of the room drain.</p> <p>On 2/20/14 at 11:10 A.M., interview with Employee #50 indicated the linen carts in the shower rooms were to be completely covered with the mesh and fastened with velcro, and the shower rooms facilitate showering, "... 1-2 residents for each CNA [Certified Nursing Assistant] between the 2 shower rooms on days...evenings and nights have showers to do as well...." Employee #50 indicated the flooring and water</p>						

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	<p>drains were dirty and the room needed cleaning.</p> <p>On 2/20/14 at 11:15 A.M., interview with Employee #56 indicated the shower room on the 100 Hall "...smelled bad for awhile, in the front office areas too...but, I think it's mainly gotten better... we [the staff] can still smell it especially around the shower rooms...."</p> <p>This federal tag related to Complaint #IN00140290.</p> <p>3.1-19(f)</p>			