

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155136	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/29/2015
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-FOUNTAINVIEW TERRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 ANDREW AVE LA PORTE, IN 46350
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: June 22, 23, 24, 25, 26 & 29, 2015</p> <p>Facility number: 000061 Provider number: 155136 AIM number: 100288620</p> <p>Census bed type: SNF/NF: 132 Total: 132</p> <p>Census payor type: Medicare: 15 Medicaid: 106 Other: 11 Total: 132</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>This Plan of Correction shall serve as this facility's credible allegation of compliance. Preparation, submission and implementation of the Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth in the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements. Please consider allowing the submission of living center audits and education as evidence of compliance with the state and federal requirements identified in the survey. Respectfully Submitted, Jerrell Harville, HFA, MSW Executive Director</p>	
F 0242 SS=D Bldg. 00	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests,</p>			

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

TITLE

(X6) DATE

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

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	<p>assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on observation, record review, and interview, the facility failed to ensure each resident's preferences were honored related to choosing when to get up in the morning for 1 of 3 residents reviewed for choices of the 6 residents who met the criteria for choices. (Resident #157)</p> <p>Finding includes:</p> <p>On 6/22/15 at 11:31 a.m., Resident #157 was interviewed. At that time, the resident indicated she would like to be cleaned up and out of bed by 6:00 a.m.</p> <p>On 6/24/15 at 9:13 a.m., and 6/25/15 at 7:55 a.m., the resident was observed in bed. She indicated she would like to get out of bed around 7:00 a.m.</p> <p>Further interview with Resident #157 on 6/25/15 at 11:58 a.m., indicated she got out of bed at 10:50 a.m. She had wished she had gotten out of bed earlier.</p> <p>The record for Resident #157 was reviewed on 6/26/15 at 8:56 a.m. The resident was admitted to the facility on 12/23/14. The resident's diagnoses included, but were not limited to, bipolar</p>	F 0242	<p>Step One: The Resident Preference Sheet for Resident #157 was corrected to reflect her preferred time to receive AM Care. Step Two: All Resident Preference Sheets were reviewed for completion and accuracy. Any deficiencies noted were corrected. Step Three: The Activity Department was re-instructed on the completion of the Resident Preference Sheet. Nursin Staff were re-instructed on the location and use of the Resident Preference Sheet. The DNS and/or designee will audit completion and use of the Resident Preference Sheet for 5 random residents weekly. The DNS will report any findings to the QAPI Committee monthly for 6 months. Step Four: The results of the Resident Preference Sheet Audit will be reviewed in the Clinical Start-Up Meeting weekly. The results will also be reviewed monthly by the QAPI Committee for six months. If after six months of review without any trends or patterns noted (3 deficient practices will be considered a trend or pattern), the results will be reviewed quarterly.</p>	07/24/2015	

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	<p>disorder, depressive disorder and schizophrenia.</p> <p>The Quarterly Minimum Data Set (MDS) assessment dated 4/7/15, indicated the resident's Brief Interview for Mental Status (BIMS) score was a 12 which indicated the resident's cognitive status was moderately impaired. The resident was an extensive assist with a 2 person physical assist for transfers.</p> <p>The Admission MDS assessment dated 1/5/15, indicated the resident's BIMS score was a 14 indicating the resident was cognitively intact. The resident indicated it was very important for her to choose her own bedtime.</p> <p>The resident preference questionnaire dated 6/24/15, indicated the resident would like to be up and dressed between 6:30 a.m. and 8:30 a.m. The hand written note at the bottom of the page indicated "(Resident name) voiced she would like to get up around 7:00 a.m. and then go back to bed when she wants to."</p> <p>Interview with the Social Service Assistant on 6/25/15 at 2:30 p.m., indicated the resident's preference questionnaire was just completed. She further indicated the preference questionnaire should have been</p>			

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F 0279 SS=D Bldg. 00	<p>completed around the time of admission to the facility.</p> <p>3.1-3(u)(1)</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS 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, record review, and interview, the facility failed to implement a plan of care related to non pressure skin conditions such as bruising for 1 of 3 residents reviewed for non pressure related skin conditions of the 5 residents who met the criteria for non pressure related skin conditions. (Resident #53)</p>	F 0279	<p>Step One: Resident #53 was discharged from the facility on 6/24/2015. Step Two: The Plan of Care for all current residents were reviewed for appropriate care plans related to bruises. Any deficiencies noted were corrected. Addendum: All care plans for current residents were reviewed for completion and</p>	07/24/2015	

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	<p>Finding includes:</p> <p>On 6/23/15 at 10:04 a.m., Resident #53 was observed with multiple red and purple bruises to the back of both hands including around her fingers.</p> <p>The record for Resident #53 was reviewed on 6/25/15 at 8:20 a.m. The resident's diagnoses included, but were not limited to, morbid obesity, anemia, coronary atherosclerosis, pain, high blood pressure, edema, congestive heart failure, peripheral vascular disease, vascular dementia with delusions, diabetes, and end stage kidney disease</p> <p>The Significant Change Minimum Data Set (MDS) assessment dated 6/5/15, indicated the resident had a Brief Interview for Mental Status of 11 indicating her cognitive ability was moderately impaired. The resident was an extensive assist with 2 person physical assist for bed mobility, transfers, dressing, toileting, and bathing. The resident had no pressure ulcers but was at risk for developing pressure ulcers.</p> <p>Physician Orders on the current Physician recap for the month of 6/2015, indicated the resident was receiving Aspirin 81 milligrams (mg) daily.</p>		<p>accuracy. Step Three: Licensed Nurses were re-instructed regarding the development of the Plan of Care. The DNS and/or designee will audit the presence of care plans related to non-pressure skin conditions such as bruises for 5 random residents per unit weekly. The DNS will report any findings to the QAPI Committee monthly. Addendum: Licensed Nurses were re-instructed regarding all plans of care. Step Four: The results of the Plan of Care Audit will be reviewed in the Clinical Start-Up Meeting weekly. The results will also be reviewed monthly by the QAPI Committee for six months. If after six months of review without any trends or patterns noted (3 deficient practices will be considered a trend or pattern), the results will be reviewed quarterly.</p>		

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	<p>The Weekly Skin Review-V3 dated 4/17/15, indicated the following at the time of admission:</p> <p>back of right hand-bruise to 2nd right finger measures 2.5 centimeters (cm) by 1.5 cm</p> <p>back of right hand-bruise to back of right hand measures 4 cm by 5 cm</p> <p>back of right hand-bruise to back of right hand measures 5.5 cm by 3.5 cm</p> <p>back of right hand-bruise to right outer wrist-measures 1 cm by 1 cm</p> <p>back of right hand-bruise to posterior Right Forearm (RFA) measures 1 cm by 1 cm</p> <p>back of right hand-bruise to posterior RFA measures 2 cm by 1.5 cm</p> <p>back of right hand-bruise to posterior RFA measures 1 cm by 0.7 cm</p> <p>back of right hand-Discoloration to posterior RFA extending from above elbow down to right wrist</p> <p>back of left hand-bruise to distal 3rd left digit measures 2.5 cm by 1.5 cm</p> <p>back of left hand-bruise to proximal 3rd left digit measures 1 cm by 2.5 cm</p> <p>back of left hand-bruise to 2nd left digit measures 1.5 cm by 2.5 cm</p> <p>back of left hand-bruise to back of left hand measures 5.5 cm by 4 cm</p> <p>back of left hand-skin tear to back of left hand measures 0.1 cm by 0.4 cm scabbed over</p>			

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F 0309 SS=D Bldg. 00	<p>The plan of care was reviewed. There was no care plan initiated for the bruising.</p> <p>Interview with the Director of Nursing on 6/29/15 at 1:13 p.m., indicated there was no plan of care for the bruising. She further indicated there should have been some kind of care plan related to non pressure related skin issues.</p> <p>3.1-35(a)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, record review, and interview, the facility failed to provide the necessary treatment and services related to the monitoring and assessment of bruising for 1 of 3 residents reviewed for non pressure related skin conditions of the 5 residents who met the criteria for non pressure related skin conditions. (Resident #53)</p> <p>Finding includes:</p>	F 0309	<p>Step One: Resident #53 was discharged from the facility on 6/24/2015. Step Two: A skin assessment will be completed for all current residents to ensure proper monitoring and measuring of bruises. Any deficiencies noted will corrected. Step Three: Licensed Nurses will be re-instructed on the weekly skin assessment and wound evaluation procedures. The DNS and/or designee will audit the weekly skin assessment and</p>	07/24/2015

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	<p>On 6/23/15 at 10:04 a.m., Resident #53 was observed with multiple red and purple bruises to the back of both hands including around her fingers.</p> <p>On 6/25/15 at 8:30 a.m., the Unit Manager indicated the resident had expired last evening.</p> <p>The record for Resident #53 was reviewed on 6/25/15 at 8:20 a.m. The resident was admitted on 4/17/15 to the facility. The resident's diagnoses included, but were not limited to, morbid obesity, anemia, coronary atherosclerosis, pain, high blood pressure, edema, congestive heart failure, peripheral vascular disease, vascular dementia with delusions, diabetes, and end stage kidney disease</p> <p>The Significant Change Minimum Data Set (MDS) assessment dated 6/5/15, indicated the resident had a Brief Interview for Mental Status of 11 indicating her cognitive ability was moderately impaired. The resident was an extensive assist with 2 person physical assist for bed mobility, transfers, dressing, toileting, and bathing. The resident had no pressure ulcers but was at risk for developing pressure ulcers.</p>		wound evaluation forms of 5 random residents per unit per week. The DNS will report any findings to the QAPI Committee monthly. Step Four: The results of the Skin Assessment/Wound Evaluation Audit will be reviewed in the Clinical Start-Up Meeting weekly. The results will also be reviewed monthly by the QAPI Committee for six months. If after six months of review without any trends or patterns noted (3 deficient practices will be considered a trend or pattern), the results will be reviewed quarterly.		

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	<p>Physician Orders on the current Physician recap for the month of 6/2015 indicated the resident was receiving Aspirin 81 milligrams (mg) daily.</p> <p>The Weekly Skin Review-V3 dated 4/17/15, indicated the following at the time of admission: back of right hand-bruise to 2nd right finger measures 2.5 centimeters (cm) by 1.5 cm back of right hand-bruise to back of right hand measures 4 cm by 5 cm back of right hand-bruise to back of right hand measures 5.5 cm by 3.5 cm back of right hand-bruise to right outer wrist-measures 1 cm by 1 cm back of right hand-bruise to posterior Right Forearm (RFA) measures 1 cm by 1 cm back of right hand-bruise to posterior RFA measures 2 cm by 1.5 cm back of right hand-bruise to posterior RFA measures 1 cm by 0.7 cm back of right hand-Discoloration to posterior RFA extending from above elbow down to right wrist back of left hand-bruise to distal 3rd left digit measures 2.5 cm by 1.5 cm back of left hand-bruise to proximal 3rd left digit measures 1 cm by 2.5 cm back of left hand-bruise to 2nd left digit measures 1.5 cm by 2.5 cm back of left hand-bruise to back of left</p>			

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	<p>hand measures 5.5 cm by 4 cm back of left hand-skin tear to back of left hand measures 0.1 cm by 0.4 cm scabbed over</p> <p>The Weekly Skin Review sheets were reviewed for the following weeks: 4/23/15 skin review indicated only the following information: right antecubital and left antecubital-multiple bruises in various stages of healing. Previously noted upon admission.</p> <p>4/30/15 skin review indicated only the following information: right antecubital left antecubital both indicated Right Upper Extremity (RUE) and Left Upper Extremity (LUE) multiple bruises in various stages of healing.</p> <p>5/7, 5/14, and 5/21/15 skin reviews, indicated bruises in multiple stages of healing to Bilateral Upper Extremities (BUE).</p> <p>There were no other measurements taken of each bruise.</p> <p>The plan of care was reviewed. There was no care plan initiated for the bruising.</p> <p>On 5/25/15 the, resident had been admitted to the hospital after a fall and</p>			

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	<p>returned to the facility on 5/27/15.</p> <p>The history and physical from the hospital dated 5/26/15, indicated the resident had suffered a fall and developed a left flank hematoma. The hematoma measured 10 cm by 15 cm.</p> <p>The Nursing Readmission Assessment dated 5/27/15, indicated the resident's skin was assessed and multiple bruises were noted. There were no measurements taken of any of the bruises at that time. There was no measurement taken of the resident's left flank hematoma.</p> <p>The admission Nurse's Note dated 5/27/15 at 8:32 p.m., indicated BUE continues with multiple bruises in various stages of healing prior to being sent out. The resident had complained of pain to left flank where a large dark purple hematoma persists from most recent fall.</p> <p>The 6/6/15 Weekly Skin Review sheet, indicated skin remains dry with bruising and open areas as noted previously. There were no measurements taken of any of the bruising. This was the last Weekly Skin Review sheet available for review.</p> <p>Physician Progress Note dated 6/10/15,</p>			

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	<p>indicated "Examination of back flank area on the left side reveals a very large hematoma. The skin color is returning to normal, but she still has a very large collection of probably blood under that area."</p> <p>Nursing Progress Notes from 5/27/15 through 6/24/15, indicated there were no measurements of the hematoma to left flank area.</p> <p>The current and undated Skin Integrity Guideline Policy provided by the Rainbow Unit Manager on 6/25/15 at 2:20 p.m., indicated the objective was to provide a guideline for optimal care to promote healing to resident with all identified alterations in skin integrity. A Licensed Nurse will be responsible for performing a skin evaluation/observation weekly, utilizing the Weekly Skin Review.</p> <p>Interview with the Rainbow Unit Manager on 6/25/15 at 2:30 p.m., indicated bruises were monitored weekly with measurements taken every week. She further indicated there were no measurements of the resident's bruises after she returned from the hospital on 5/27/15 including the hematoma she sustained from the fall. She further indicated weekly measuring of the</p>			

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F 0312 SS=D Bldg. 00	<p>bruising was lacking after the resident was first admitted to the facility.</p> <p>3.1-37(a)</p> <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.</p> <p>Based on observation, record review, and interview, the facility failed to ensure a resident who needed assistance with Activities of Daily Living (ADL's) received at least two showers a week for 1 of 3 residents reviewed for ADL's of the 7 residents who met the criteria for ADL's. (Resident #196)</p> <p>Finding includes:</p> <p>On 6/23/15 at 2:02 p.m., Resident #196 was observed on the Memory Care Unit seated in her wheelchair in the dining room. The resident's hair was oily with white flakes of dandruff and her fingernails were dirty.</p> <p>On 6/24/15 at 1:28 p.m., the resident was observed propelling herself down the hallway in her wheelchair. Her hair was oily with white flakes of</p>	F 0312	<p>Step One: A shower, grooming, and nail care were provided for Resident #196 on 6/29/2015.</p> <p>Step Two: The DNS reviewed all residents for the completion of two showers per week. Any deficiencies noted were corrected. Step Three: Nursing Staff were re-instructed on the completion of two showers per week. The DNS and/or designee will audit shower completion of 5 random residents per unit per week. The DNS will report any findings to the QAPI Committee monthly. Step Four: The results of the Shower Completion Audit will be reviewed in the Clinical Start-Up Meeting weekly. The results will also be reviewed monthly by the QAPI Committee for six months. If after six months of review without any trends or patterns noted (3 deficient practices will be considered a trend or pattern), the results will be reviewed quarterly.</p>	07/24/2015

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	<p>dandruff and her fingernails were dirty.</p> <p>On 6/25/15 at 10:50 a.m., the resident was observed propelling herself down the hallway in her wheelchair. Her hair was oily with white flakes of dandruff and her fingernails were dirty.</p> <p>On 6/29/15 at 11:40 a.m., the resident was observed on the Memory Care Unit seated in her wheelchair in the dining room. Her hair was oily with white flakes of dandruff and her fingernails were dirty.</p> <p>The record for Resident #196 was reviewed on 6/24/15 at 10:38 a.m. The resident was admitted to the facility on 5/31/15. The resident's diagnoses included, but were not limited to, chronic ischemic heart, cardio vascular disease, pain, and falls.</p> <p>The Admission Minimum Data Set (MDS) assessment dated 6/5/15, indicated the resident's Brief Interview for Mental Status (BIMS) score was a 14 indicating she was alert and oriented. The resident was coded as having no behaviors and no rejection of care. The resident required extensive assist with 2</p>			

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	<p>person physical assist for bathing.</p> <p>The care plan dated 6/22/15, indicated the resident had a self care impairment and required extensive assistance with personal hygiene.</p> <p>The CNA care sheet indicated the resident was to receive an evening shower on Wednesday and Saturday and required total assistance.</p> <p>The CNA shower book was reviewed. The Shower sheets indicated the only showers the resident received for the month of June 2015 were on 6/13/15 and 6/20/15.</p> <p>Interview with CNA #1 on 6/29/15 at 12:15 p.m., indicated the resident was to receive two showers a week on Wednesday and Saturday evenings and she last showered the resident on 6/20/15. Further interview indicated when residents were bathed, their hair was washed and their nails were cleaned. The CNA also indicated when showers were given, shower sheets were completed and placed in the shower book.</p> <p>Interview with the Director of Nursing (DON) on 6/29/15 at 1:31 p.m., indicated the resident last received a</p>			

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F 0371 SS=E Bldg. 00	<p>shower on 6/20/15. Continued interview with the DON at 1:51 p.m., indicated the resident did not have behaviors of rejecting care and the resident should have been showered twice a week.</p> <p>3.1-38(a)(3)(E) 3.1-38(a)(3)(B)</p> <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 Based on observation and interview, the facility failed to ensure the kitchen equipment was clean related to grease on the fryer, steamer and oven, for 1 of 1 kitchens observed. (The Main Kitchen)</p> <p>Findings include:</p> <p>The Full Kitchen Sanitation Tour was completed on 6/29/15 at 8:45 a.m. The following was observed:</p> <p>A. There was a scoop in the container of Rice Krispies cereal.</p> <p>B. There was a large amount of grease spillage on the side of the oven next to</p>	F 0371	<p>Step One: The deficiencies identified during the survey were corrected.</p> <p>Step Two: The entire kitchen area was inspected for areas in need of cleaning, or repair.</p> <p>Any issues identified were corrected.</p> <p>Step Three: The Executive Director or designee will complete sanitation rounds weekly.</p>	07/24/2015

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F 0441 SS=D Bldg. 00	<p>the deep fryer.</p> <p>C. There was a large amount of grease adhered to the floor under the deep fryer and behind the deep fryer.</p> <p>D. There was adhered grease and dirt on the floor behind and under the steamer.</p> <p>E. There was adhered dirt on the floor under both food prep tables around the drain.</p> <p>Interview with the Dietary Food Manager at that time, indicated all of the above was in need of cleaning. She further indicated it was all on a preventative cleaning schedule either weekly or daily.</p> <p>3.1-21(i)(3)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility;</p>		<p>Issues identified will be corrected.</p> <p>Step Four: The results of the Sanitation Rounds will be reviewed in the Managers Meeting weekly and will be ongoing. The results will also be reviewed monthly by the QAPI Committee for six months. If after six months of review without any trends or patterns noted (3 deficient practices will be considered a trend or pattern) the results will be reviewed quarterly.</p>	

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	<p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, record review and interview, the facility failed to ensure the glucometer was disinfected after use for 2 of 2 glucometers observed. The facility also failed to ensure bedpans were stored properly on 1 of 3 units throughout the facility. (Residents #97 and #134 and the "A" wing)</p> <p>Findings include:</p> <p>1. On 6/25/15 at 12:05 p.m., RN #1 was observed performing a glucometer for Resident #134. The RN removed the</p>	F 0441	<p>Step One: 1. RN#1 was re-instructed on the Policy for Blood Glucose Monitor Decontamination. 2. RN#2 was re-instructed on the Policy for Blood Glucose Monitor Decontamination. 3. The gray basin and bed pan were removed from the bathroom of Room 25 and appropriately bagged. Step Two: All Blood Glucose Monitors on all units were cleansed. Environmental Rounds were completed throughout the facility to ensure that all personal items are appropriately bagged and/or stored. Step Three: Licensed</p>	07/24/2015

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	<p>glucometer from the Medication cart and proceeded into the resident's room. The RN placed the glucometer on top of resident's blanket while checking his blood sugar. After completing the glucometer, the RN left the resident's room and then placed the glucometer back in the Medication cart. The RN then proceeded to prepare the resident's Novolog (insulin) flex pen. After administering the insulin, the RN reported to LPN #1 what the resident's blood sugar was and how much insulin she gave him and proceeded to walk away from the Medication cart.</p> <p>When asked at the time, what the facility policy was related to cleaning the glucometer, the RN indicated it was to be cleaned with a germicidal wipe and to air dry for one minute. When asked when that was supposed to be done, the RN indicated "right now." LPN #1, indicated that she would clean the glucometer for her. The LPN retrieved a germicidal wipe from the Medication cart and cleaned the glucometer.</p> <p>2. On 6/29/15 at 11:56 a.m., RN #2 entered Resident #97's room to check her blood sugar. The RN retrieved a glucometer from the Medication cart and entered the resident's room. The RN did not clean the glucometer prior to entering</p>		<p>Nurses were re-instructed on the Blood Monitor Decontamination Policy. Nursing Staff were re-instructed on the proper bagging and/or storage of resident personal items. The DNS and/or designee will observe decontamination of the Blood Glucose Monitor 5 times per unit weekly. The Executive Director and/or designee will conduct Environmental Rounds weekly on each unit to ensure proper bagging and/or storage of resident personal items. The DNS will report any findings to the QAPI Committee monthly. Step Four: The results of the Blood Glucose Monitor Decontamination and Environmental Rounds Audit will be reviewed in the Clinical Start-Up Meeting weekly. The results will also be reviewed monthly by the QAPI Committee for six months. If after six months of review without any trends or patterns noted (3 deficient practices will be considered a trend or pattern), the results will be reviewed quarterly.</p>	

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	<p>the resident's room. After completing the glucometer, the RN placed the glucometer in the Medication cart and prepared the resident's insulin. After administering the resident's insulin, the RN proceeded down the hall with the Medication cart.</p> <p>At this time, the RN was asked what the facility policy was related to cleaning the glucometer. The RN indicated that she was not sure, she thought the glucometer was cleaned on midnights.</p> <p>Interview with the Director of Nursing on 6/30/15 at 12:00 p.m., indicated the glucometer was to be disinfected after each use and she would go educate RN #2 immediately.</p> <p>The facility policy titled "Blood Glucose Monitor Decontamination" was reviewed on 6/30/15 at 10:30 a.m. The policy was provided by the Director of Nursing and identified as current. The policy indicated the following: "after performing the glucose testing, the nurse, wearing gloves, will use a dispatch wipe to clean all external parts of the monitor. A second wipe will be used to disinfect the blood glucose monitor."</p> <p>3. On 6/23/15 at 1:24 p.m., a gray basin was observed on the floor underneath the</p>			

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F 0465 SS=E Bldg. 00	<p>bathroom sink in Room 25. The basin was not covered at this time.</p> <p>On 6/29/15 at 11:25 a.m., a bed pan was observed underneath the toilet in Room 25. The bed pan was not covered at this time.</p> <p>Interview with the Maintenance Supervisor at the time, indicated the bed pan and/or wash basin should have been covered in plastic.</p> <p>3.1-18(b)(1)</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. Based on observation and interview, the facility failed to ensure a functional and sanitary environment was maintained related to marred walls and doors, stained floor tile and curtains as well as soiled wheelchairs on 2 of 3 units throughout the facility. The facility also failed to ensure a sanitary environment was maintained related to food debris along baseboards and back splashes, discolored grout and discolored floor drains in the</p>	F 0465	<p>Step One: The deficiencies identified during the survey were corrected.</p> <p>Step Two: The entire living center was inspected for need of cleaning, repair or repainting. Any issues identified</p>	07/24/2015

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	<p>dish room of the main kitchen. (The "A" and "C" wings and the Main kitchen)</p> <p>Findings include:</p> <p>1. During the Environmental tour on 6/29/15 at 11:20 a.m., with the Maintenance Supervisor, the following was observed:</p> <p>The "A" wing</p> <p>a. The wheelchair for Room 2 bed two, had a thick accumulation of dried food and beverage spillage. Two residents resided in this room.</p> <p>b. The paint was chipped underneath the window sill above the heat register in Room 13. The blue window curtain was stained yellow along the hem. The bathroom floor tile was stained and discolored. A hole was observed in the wall of the bathroom where a towel rack had been. Two residents resided in this room.</p> <p>c. The base of the bathroom door in Room 20 was marred. The corner of the wall by the bathroom door was gouged and marred. The raised toilet seat was rusty and paint chipped. The metal tile strip at the bathroom entrance was missing. Two residents resided in this</p>		<p>were corrected</p> <p>Step Three: All staff were re-educated to the use of the Building Engines System to report repair needs. Housekeeping and Maintenance staff were re-educated the importance of completing routine maintenance and housekeeping rounds. The Executive Director or designee will complete environmental rounds weekly. Issues identified will be corrected.</p> <p>Step Four: The results of the Environmental Rounds will be reviewed in the Managers Meeting weekly and will be ongoing. The results will also be reviewed monthly by the QAPI Committee for six months. If after six months of review without any trends or patterns noted (3 deficient practices will be considered a trend or pattern) the results will</p>	

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	<p>room.</p> <p>d. The closet door located in the bathroom of Room 26, was scratched and marred. Two residents resided in this room.</p> <p>e. An accumulation of rust stains were observed on the floor tile underneath the toilet in Room 27. Two residents resided in this room.</p> <p>f. The wall behind the head of bed two in Room 31 was chipped and marred. There was also chipped and marred paint on the wall near the closet. Two residents resided in this room.</p> <p>The "C" wing</p> <p>a. The wall behind the head of the bed in Room 101 was scratched and marred. The edge of the wall located next to the closet was scratched and marred. One resident resided in this room.</p> <p>b. In Room 104, the wall was marred behind the head of the bed for bed 3. There was also dried spillage on the wall above the head of the bed. There was a rust stain on the floor tile beneath the bathroom sink. Two residents resided in this room.</p>		be reviewed quarterly.	

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	<p>c. In Room 108, stained floor tiles were observed behind the toilet. Two residents resided in this room.,</p> <p>d. In Room 114, the bathroom floor tiles were discolored behind the toilet. Two residents resided in this room.</p> <p>e. In Room 118, the closet door in bathroom was marred along the top edge. The cove base located behind the toilet was loose. Two residents resided in this room.</p> <p>f. In Room 121, the wall was paint chipped and marred behind the head of bed two. The floor tiles beneath and behind the toilet in the bathroom were discolored along the baseboard and edges. Two residents resided in this room.</p> <p>g. There was no pull cord for the emergency call light in the bathroom of Room 128. Two residents resided in this room.</p> <p>Interview with the Maintenance Supervisor at the time, indicated all of the above areas were in need of cleaning and/or repair.</p> <p>2. The following was observed during the Brief Kitchen Sanitation Tour on 6/22/15 at 9:20 a.m., with the Dietary</p>			

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	<p>Food Manager (DFM):</p> <p>A. There was a large amount of food debris noted along the baseboard under the dish machine. The grout was also discolored on the floor tile.</p> <p>B. The back splash behind the dish machine was observed with dried food spillage.</p> <p>C. The floor drain was dirty with dried food and grease under the dish machine. There was a large amount of lime noted on the floor.</p> <p>Interview with the DFM on 6/29/15 9:00 a.m., indicated the dish room was in need of cleaning.</p> <p>3.1-19(f)</p>			