

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155673	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/02/2014
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NAME OF PROVIDER OR SUPPLIER MARKLE HEALTH & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 170 N TRACY ST MARKLE, IN 46770
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 28, 29, 30, May 1 and 2, 2014</p> <p>Facility number: 000544 Provider number: 155673 AIM number: 100267340</p> <p>Survey Team: Julie Call, RN, TC Martha Saull, RN Sue Brooker, RD Virginia Terveer, RN</p> <p>Census bed type: SNF/NF: 78 Total: 78</p> <p>Census payor type: Medicare: 7 Medicaid: 64 Other: 7 Total: 78</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 7, 2014 by Randy Fry RN.</p>	F000000	<p>Credible Allegation of Compliance, Request for Paper Compliance & Request for Paper IDR. The creation & submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible allegation & also requests a desk review certification of compliance. This provider is requesting a paper IDR because we disagree with citation F364.</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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F000327 SS=D	<p>483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION</p> <p>The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.</p> <p>Based on interview and record review, the facility failed to ensure a resident's dehydration risks and/or fluid intake and/or output were adequately monitored which resulted in hospitalization for 1 of 3 resident's reviewed for hospitalization. Resident #99</p> <p>Findings include:</p> <p>On 5/1/14 at 10 A.M., the clinical record of Resident #99 was reviewed.</p> <p>Diagnoses included, but were not limited to, the following: Presenile dementia with delusions, chronic cystitis, chronic kidney disease (stage III), edema, essential hypertension, irritable bowel syndrome, renal insufficiency and chronic urinary tract infection. The admission date was documented as 1/4/14. The MDS (minimum data set assessment) dated 1/10/14 included, but was not limited to, the following: moderately impaired cognition; extensive assistance required for eating; weight was 119 lbs (pounds) and height was 66 inches.</p>	F000327	<p>F327 It is the practice of this facility to provide each resident with sufficient fluid intake to maintain proper hydration and health.I. Corrective Action Taken:Resident #99 no longer resides at the facility.II. Identification of Other Residents:All residents have the potential to be affected. DNS conducted an audit on all residents admitted within the last 30 days to determine the need for a hydration plan. The audit was completed on 5-13-14 with no residents being identified.III. Measures Put In Place:All nurses were re-educated on monitoring for dehydration and on charting fluid intake. Education was completed by 5-17-14. A Hydration Review, which will show the actual fluid intake x 3 days, will be completed by the charge nurse on each resident identified as having a change of condition and on residents who have diarrhea lasting more than 24 hours. IV. Monitoring of Corrective Action:DNS/designee will complete a CQI audit tool (Hydration Management) monthly. After</p>	05/27/2014			

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	<p>The clinical record included but was not limited to the following: NN (nurse's note) 1/4/14 at 11:45 A.M.: "... non-pitting edema to BLE (bilateral lower extremities) up to knees noted...Some weeping to RLE (right lower extremity) noted..."</p> <p>NN 1/6/14 at 9:23 P.M.: "...edema noted to BLE..."</p> <p>A physician order, dated 1/9/14, included but was not limited to, the following: "Lasix (diuretic)...40 mg daily."</p> <p>A care plan date 1/12/14 addressed the problem of "nutritional status" and included but was not limited to, the following: "monitor food/fluid intake at meals, review labs as available."</p> <p>NN 1/9/14 - 1/13/14 documented the resident continued with BLE edema and seeping and/or weeping clear drainage from BLE.</p> <p>A Dehydration Fluid Maintenance assessment was completed on 1/10/14 and included but was not limited to the following: "Symptoms of dehydration" was marked n/a (not applicable). Choices under this section included, but were not limited to: concentrated urine,</p>		<p>facility maintains at least 95% compliance x 6 months, audits will be reduced to once quarterly thereafter. If 95% threshold is not achieved, an action plan will be developed.</p>				

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	<p>decreased skin turgor and functional decline. The section titled "Diseases and conditions" was also marked n/a. Choices under this section included but were not limited to: "diarrhea and excessive sweating." Oral intake was also documented as n/a. Choices under this section included but were not limited to the following: "skips meals or consumes less than 25% of meals; dependent on staff for fluid intake, excessive output compared to fluid intake were all left blank. Comment: " No s/s (signs and symptoms) of dehydration."</p> <p>A Initial Nutrition Risk Assessment dated 1/12/14 included but was not limited to the following: BMI (body mass index) 19; healthy weight; estimated fluid needs 1350 - 1620 cc daily; fluid consumes 1,500 - 2,000 cc/day; on Lasix (Diuretic); pertinent diagnoses: dementia chronic kidney disease stage III, edema, irritable bowel syndrome, chronic urinary tract infection, abnormal weight loss; skin intact.</p> <p>Lab work 1/13/14 of BUN (blood urea nitrogen) with a result of 60 (normal range 7-18 mg/dl (milligrams/deciliter) and creatinine 3.0 (normal range 0.6-1.3 mg/dl.</p> <p>NN 1/14/14 at 9:53 A.M.: "...BLE edema</p>						

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	<p>cont (continued). BLE seeping clear drng (drainage)...Urine is cream color with foul odor. c/o (complained of) painful urination..."</p> <p>On 1/14/14 the RD (registered dietician) documented the following note: "...BMI underweight...res (resident) consuming avg (average) 45% meals. Res noted also needing some increased assistance with meals. Noted res with increased BLE edema...Lasix 40 mg daily..1/9 and may cause some wt (weight loss) r/t (related to) fluid loss. skin intact..."</p> <p>NN 1/15/14 at 2:03 P.M.: "...urine is cream colored with foul odor. c/o (complained of) painful urination. Urine sent to culture...BLE edema cont (continue) BLE seeping clear drng (drainage)..."</p> <p>A physician order, dated 1/15/14, included but was not limited to, the following: Zaroxolyn (diuretic) 2.5 mg daily on Monday, Wednesday and Friday.</p> <p>A progress note dated 1/15/14 included but was not limited to, the following: "IDT (interdisciplinary team) met to review res (res) for NAR (nutrition at risk) program...admission weight 119 #, current weight 116 #...feeds self...with extensive assist at night...in dining</p>						

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	<p>room...continue with current plan of care and on NAR program."</p> <p>A physician order, dated 1/16/14, included, but was not limited to, the following: "Lomotil 2.5 mg...prn (as needed) for diarrhea."</p> <p>A speech therapy (ST) note, dated 1/16/14, included, but was not limited to, the following: "referred to...skilled ST for possible diet upgrade d/t (due to) poor intakes and weight loss...POA (power of attorney) declined therapy..."</p> <p>NN 1/16/14 at 2:14 P.M.: "BLE edema cont (continue). clear seepage (sic) noted/cont to BLE...urine cream colored w(with)/foul odor..."</p> <p>NN 1/17/14 at 1:30 P.M.: "...BLE edema cont. BLE seeping clear drng (drainage)...urine cont to be cream/green color, w (with) foul odor, awaiting UA (urine analysis) culture."</p> <p>NN 1/17/14 at 2:07 P.M.: "has had loose stools x 5..."</p> <p>NN 1/18/14 at 6:39 P.M.: "BLE edema cont. clear seepage (sic) noted/cont to BLE...urine cream colored w/foul odor noted...loose stools x 2..."</p>						

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	<p>A physician order, dated 1/18/14, included, but was not limited to, the following: "Ceftin (antibiotic)... increase Zaroxolyn...to 2.5 mg daily..."</p> <p>NN 1/19/14 at 9:15 P.M.: "...Resident observed to be very confused and unable to sit up by herself...Disoriented but able to follow simple commands. Very pale/ashen in color. VS (vital signs) obtained and b/p (blood pressure) noted to be very low. Poor skin turgor. Mucous membranes moist...orders received to send resident to ER..."</p> <p>An "Emergency Resident Transfer Form" dated 1/19/14, included, but was not limited to, the following: "...reason for transfer: signs and symptoms of dehydration...poor skin turgor, skin tenting...usual mental status: alert, disoriented but can follow instructions..."</p> <p>A lab report, dated 1/19/14 at 11 P.M. included, but was not limited to, the following results: BUN (blood urea nitrogen) 100 (high); creatinine 4.5 (high); potassium 6.4 (high); glomerular filter rate (GFR) was 9, (an estimated glomerular filtr (sic) result less than or equal to 60 is indicative of renal impairment).</p> <p>A consultation form dated 1/20/14 from</p>						

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	<p>(name of hospital) included, but was not limited to, the following: "...patient is 103 year old...admitted for systolic blood pressure around 60. During the examination it was noted she had significant edema of bilateral lower extremities...significant serous drainage from her lower extremities. She is currently being treated for hyperkalemia, dehydration secondary to diuretics and chronic kidney disease stage IV...Physical exam...pitting edema noted in bilateral lower extremities. Pedal pulses are diminished and nonpalpable...secondary to the edema present. There is serous drainage with multiple ulcerations...She does have significant drainage noted in the bed from both legs...Assessment:...venous stasis ulceration...acute kidney injury secondary to dehydration, hyperkalemia, chronic kidney disease stage IV..."</p> <p>A lab report, dated 1/22/14 included, but was not limited to, the following results: BUN 62; creatinine 2.2; potassium was 3.9 and GFR was 20.</p> <p>A Discharge Summary from the hospital, dated 1/24/14, included but was not limited to, the following: "...Dehydration secondary to Diuretics and poor p.o. (per os) intake...brought to...ER (emergency room)...found to have</p>						

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	<p>a marked dehydration with initial BUN (blood urea nitrogen) of 100 and creatinine of 4.5...maintaining hydration and nutrition is going to be very difficult..."</p> <p>A physician order dated 1/24/14 indicated: "Admit to...Hospice..."</p> <p>On 5/2/14 at 8:40 A.M. the FSM (food service manager) was interviewed. She indicated she had calculated the resident's required daily fluid needs to be 1350 cc - 1620 cc. She indicated this calculation range was based using the 25 cc/kg - 30 cc/kg formula. She indicated the "nutrition 411 website" recommended 25 cc/kg intake for renal disease. She also indicated the Indiana Diet Manual recommends 20-25 ml/kg for residents with edema.</p> <p>On 5/2/14 at 9:15 A.M. the DON (Director of Nursing) was interviewed. She indicated the initial dehydration risk assessment was completed on 1/10/14. She indicated based on the results of this risk assessment, the resident would not have been at risk for dehydration at that time.</p> <p>On 5/2/14 at 10:10 A.M., the Administrator provided a current copy of the facility policy and procedure for</p>			

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	<p>Hydration Management, dated 6/2013. The policy included, but was not limited to, the following: "Resident hydration status will be assessed upon admission...and with significant change...identified risk factors will be assessed...and documentation will ...include but not limited to:...risk factors for dehydration...current fluid intake...assessment including mucous membranes, skin turgor, current labs...plan for hydration..."</p> <p>Documentation was lacking in the policy and procedure in regards to monitoring the output of resident fluids (diarrhea, skin weeping/seeping, diuretic usage) in relation to the resident's fluid intake.</p> <p>On 5/2/14 at 11:20 A.M. the DON was interviewed. She indicated the resident had one dehydration risk assessment completed on 1/10/14. The DON indicated the resident would not have had another dehydration risk assessment completed even though the resident had a UTI and diarrhea occurring simultaneously and had a additional diuretic medication started on 1/15/14 with an increase in the dose on 1/18/14. At the time, the DON indicted the facility had calculated the resident's daily intake to range from 1320 cc's - 2360 cc from the dates of 1/5/14 - 1/19/14.</p>						

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	<p>The DON indicated at the time, the resident's UTI and diarrhea were followed by "HOT charting" in the clinical record as these issues were considered a "routine medical change." She indicated these changes would have been addressed at the next NAR (nutrition at risk meeting) which would have met after the resident had been transferred to the hospital.</p> <p>On 5/2/14 at 1:55 P.M., the DON provided a copy of the facility reference for "estimating nutrient needs" dated 11/09. This reference included, but was not limited to, the following: "...comprehensive assessment is needed to determine the appropriate amount of...fluid are needed based on each resident's current medical status...Estimating fluid needs: decreased fluid = 20-25 mg/kg:...edema. Increased fluid = 30-35 mg/kg:...dehydration, diarrhea, draining wounds...The following factors can increase fluid requirements:...diarrhea,excessive perspiration...the following factors can decrease fluid requirements:...renal disease...edema..."</p> <p>At the time, the DON also provided a copy of the facility policy for "Change of Condition", dated 3/10. This policy included, but was not limited to, the</p>						

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F000371 SS=E	<p>following: "...Routine Medical Change...are a minor change in physical...behavior...that are not life threatening...the licensed nurse responsible for the resident will continue assessment and documentation in the medical record every shift until the resident's condition has stabilized...the resident change of condition will be addressed, as appropriate, on the care plan update form (on the bottom of the MD telephone order form)..."</p> <p>3.1-46(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</p> <p>Based on observation, interview and record review the facility failed to ensure staff washed their hands for the recommended amount of time and washed their hands after touching soiled surfaces and after coughing during meal service. The facility also failed to ensure</p>	F000371	F371It is the practice of this facility to store, prepare, distribute & serve food under sanitary conditions.I. Corrective Action Taken:Employees are practicing proper hand hygiene as outlined in the Hand Hygiene Skills Checklist and in the Food Handling Policy. Staff are	05/27/2014

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	<p>staff did not handle the rims of drinking glasses, the rim of a bowl, and the drinking rims of nose cups with their bare hands before giving it to the residents (Resident #24, Resident #30, and Resident #31). The facility further failed to ensure staff did not touch resident's food with their bare hands for 2 residents (Resident #83 and Resident #111) during 3 of 3 meal observations in 2 of 2 dining rooms and the facility kitchen potentially affecting 25 of 25 residents who ate their meals in the Auguste's Cottage dining room, 41 of 41 residents who ate their meals in the main dining room, and 12 of 12 residents who received room trays.</p> <p>Findings include:</p> <p>1. During an observation of the lunch meal in Auguste's Cottage on 4/28/14 the following was observed:</p> <p>- At 11:31 a.m., CNA (Certified Nursing Assistant) #9 was observed assisting Resident #31 at the dining table. She was observed to move Resident #31's drinking glasses with liquids, which were already on the dining room table in front of her, by placing her fingers on the outside drinking rim of the glass. She was then observed to turn her head and</p>		<p>washing their hands for 20 seconds or more. Staff are handling dishware properly. Staff are properly serving food under safe & sanitary conditions.II. Identification of Other Residents:All residents have the potential to be affected.Employees were re-educated on proper hand hygiene. Re-education was completed on 5-14-14 by the Clinical Education Coordinator.Each employee successfully demonstrated proper hand washing technique and a Skills Validation was completed by the CEC for each employee. Nursing, activities & dietary staff were re-educated on hand washing, proper hand washing techniques, handling of drinking glasses, bowls, cups, & proper handling of food. In-service was completed by 5-27-14 by the Clinical Education Coordinator & the Certified Dietary Manager.III. Measures Put in Place:Dining Room Manager/department head designee is visually monitoring the main dining room and Auguste Cottage for proper hand hygiene, proper handling of dishware and glasses, bowls, cups and food. A schedule assigning this responsibility to specific department heads was implemented. All non-compliance will immediately be addressed & on-the-spot education provided.IV.</p>				

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	<p>cough into the air. She was not observed to cover her mouth or re-wash her hands before continuing to help Resident #31 with her lunch meal.</p> <p>- At 11:33 a.m., CNA #9 was observed to continue passing meal trays to other residents in the dining room without washing her hands. She was observed to handle a bowl of fruit for Resident #24 by placing her fingers on the rim of the bowl.</p> <p>2. During an observation of the lunch meal in Auguste's Cottage on 4/29/14 the following was observed:</p> <p>- At 11:06 a.m., CNA #5 was observed to wash her hands for 6 seconds before passing meal trays to residents.</p> <p>- At 11:35 a.m., CNA #6 was observed documenting information in a notebook kept at the nursing station. When finished, she washed her hands for 9 seconds before passing meal trays to residents.</p> <p>3. During an observation of the lunch meal in the facility kitchen and in the main dining room on 5/1/14 the following was observed:</p> <p>- At 11:18 a.m., Dietary #7 was observed</p>		<p>Monitoring of Corrective Action: Hand Hygiene Skills Validation will be completed on each employee every 3 months by the Clinical Education Coordinator/designee. Audits of proper hand washing compliance will be completed one time weekly on a minimum of 10 employees. Department Managers & C.N.A. Preceptors are responsible for completion of these audits & for completing a CQI tool "Hand Washing Compliance". Results will be reviewed during the monthly CQI meetings. After facility maintains at least 95% compliance x 6 months, audits will be reduced to every other month thereafter. If less than 95% threshold is achieved, an action plan will be developed. The frequency of monitoring for Proper Hand Washing Hygiene has been revised on the CQI calendar.</p>				

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	<p>to open the kitchen door and enter the dining room where she obtained several stir sticks. She re-entered the facility kitchen by opening the door. She was not observed to wash her hands and was observed to handle nosey cups by the drinking rims, and pat drinking glasses upright in a steam table pan with the palm of her hand.</p> <p>- At 11:40 a.m., CNA #8 was observed to pull apart two nosey cups which had been stacked together by placing her fingers on the drinking rim of the top glass. She then was observed to pour liquid into the nosey cup and provide the cup to Resident #30.</p> <p>The Certified Dietary Manager (CDM) and the Director of Nursing Services were interviewed on 5/2/14 at 9:42 a.m. During the interview they indicated staff were to cover their mouth when coughing and then wash their hands. They also indicated staff were to wash their hands when contaminated and before handling meal trays. They further indicated hands were to be washed for 20 seconds.</p> <p>The CDM was interviewed on 5/2/14 at 1:50 p.m. During the interview she indicated staff were to handle drinking glasses and bowls by the base, not by the rims.</p>			

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	<p>A current facility policy "Food Handling Policy", with a revision date of April, 2011 and provided by the Administrator on 5.2.14 at 10:10 a.m., indicated "...Employees will minimize the potential for food contamination...Food Employees (any individual working with food, food equipment or utensils, or food contact surfaces) will clean their hands and exposed portions of their arms...After coughing, sneezing, using handkerchief or disposable tissue...After handling soiled surfaces equipment or utensils...During food handling, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks...After engaging in other activities that contaminate the hands...."</p> <p>4. During an observation of the lunch meal in the facility kitchen and in the main dining room on 4/28/14 the following was observed:</p> <p>-At 11:57 a.m., COTA (Certified Occupational Therapy Assistance) #12 washed her hands for 10 seconds and began serving meals to residents.</p> <p>5. During an observation of the lunch meal in Augusta's Cottage on 5/1/14 the following was observed:</p>			

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	<p>- At 11:00 a.m., CNA (Certified Nursing Assistant) #5 was observed washing her hands for 15 seconds before she began serving beverages to the residents.</p> <p>-At 11:10 a.m., LPN #10 did not wash her hands before she took an unidentified resident cup with Koolaid in it and put ice into the cup using the ice scoop.</p> <p>-At 11:15 a.m., CNA #6 washed her hands for 15 seconds then began serving meal trays to residents.</p> <p>-At 11:17 a.m., CNA #9 washed her hands for 14 seconds before serving meal trays to residents.</p> <p>-At 11:17 a.m., CNA #6 washed her hands for 11 seconds between serving a meal tray to another resident.</p> <p>-At 11:20 a.m., CNA #5 washed her hands for 4 seconds after she assisted residents with clothing protectors and began serving a meal tray.</p> <p>-At 11:23 a.m., CNA #11, returned to the Cottage from the kitchen, provided salt packets to an unidentified resident without washing her hands. The CNA then washed her hands for 8 seconds before serving a plate with an egg salad</p>						

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	<p>sandwich to an unidentified resident.</p> <p>-At 11:28 a.m., CNA #6 washed her hands for 8 seconds before serving another meal tray.</p> <p>-At 11:30 a.m., CNA #6 washed her hands for 8 seconds before assisting a resident to eat. The CNA then went to the refrigerator to get butter and returned to assist the resident with her meal and did not re-wash her hands.</p> <p>On 5/2/14 at 10:10 a.m., the Administrator provided the Facility Policy titled, Hand Hygiene, with a review dated of 03/2012 indicated, "...Apply soap, rub hand together, between fingers to create a lather....Use friction for at least 20 seconds....Note: 5 Moments of required hand hygiene: *Before patient *Before an aseptic task *After body fluid exposure risk *After patient contact *After contact with patients surroundings...."</p> <p>6. During an observation of the lunch meal for the 300 hall trays on 4-28-2014, the following was observed:</p> <p>-At 11:44 a.m., CNA #1 washed her hands for 10 seconds and began serving residents their meal tray. .</p>						

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	<p>-At 11:44 a.m., CNA #2 washed her hands for 15 seconds and began serving residents their meal tray.</p> <p>-At 11:53 a.m., CNA #2 washed her hands for 14 seconds and assisted Resident #111 with her lunch.</p> <p>-At 11:55 a.m., CNA #2 was observed to cut Resident #111's fish sandwich in half by placing her left hand on top of the bun and using a knife in her right hand.</p> <p>At 11:56 a.m., CNA #2 was observed to pick up Resident 111's fish sandwich with her hand.</p> <p>7. During an observation of the lunch meal on 4-28-2014 in the main dining room, the following was observed:</p> <p>-At 12:03 p.m., CNA #3 sat down at table with residents, touched her gait belt with her hands and began assisting residents with their drinks.</p> <p>-At 12:13 p.m., CNA #3 was observed to wash her hands for 13 seconds and then began feeding a resident her lunch meal.</p> <p>8. During an observation of the lunch meal in 300 hall on 4-30-2014 at 11:43 a.m., CNA #4 was observed to deliver a</p>			

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	<p>meal tray to Resident #83. CNA #4 set the tray on the overbed table, touched and moved Resident #83's oxygen tubing and the overbed table. Without washing her hands or using hand hygiene, CNA #4 picked up the resident's knife and fork and cut the resident's sandwich in half.</p> <p>An interview with the CDM (Certified Dietary Manager), DON (Director of Nursing), Administrator and the Corporate Nurse on 5-2-2014 at 9:55 a.m., indicated staff who assisted residents to cut their sandwich in half should use a knife and fork and not touch the resident's food with their hands.</p> <p>An interview with CNA #1 on 5-2-2014 at 10:30 a.m., indicated prior to serving residents their meal trays, handwashing was to be done for 20 seconds. CNA #1 indicated hands should be washed if an over bed tray table or a resident's oxygen tubing were touched and prior to assisting the resident with their meal. CNA #1 indicated when assisting a resident with cutting a sandwich in half, a knife and fork should be used and staff should not touch the food with their hands.</p> <p>A policy "Food Handling" dated 4/2011 and provided by the Administrator on 5-2-2014 at 10:10 a.m., indicated "employees will minimize the potential</p>			

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	for food contamination. Any employee who makes contact with resident's food will wash hands prior to assisting and will use suitable utensils (deli tissue, spatulas, fork, knife...) when utensils can be used...." 3.1-21(i)(3)				