

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155521	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/02/2016
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NAME OF PROVIDER OR SUPPLIER  ALEXANDRIA CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1912 S PARK AVE ALEXANDRIA, IN 46001
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00205725 and IN00206020.</p> <p>Complaint IN00205725 - Substantiated. Federal/State deficiencies related to the allegations are cited at F224, F225, F226, F309, F312 and F441.</p> <p>Complaint IN00206020 - Substantiated. Federal/State deficiencies related to the allegations are cited at F224, F225 and F226.</p> <p>Survey dates: August 1 and 2, 2016</p> <p>Facility number: 000518 Provider number: 155521 AIM number: 100266670</p> <p>Census bed type: SNF/NF: 59 Total: 59</p> <p>Census payor type: Medicare: 2 Medicaid: 55 Other: 2 Total: 59</p> <p>Sample: 7</p>	F 0000	<p>Submission of this Plan of Correction does not constitute an admission to or an agreement with facts alleged on the survey report. Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under State and Federal law. Please accept this Plan of Correction as our credible allegation of compliance.</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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F 0224 SS=G Bldg. 00	<p>These deficiencies reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR completed by 11474 on August 3, 2016.</p> <p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on observation, interview and record review, the facility failed to prevent the neglect of a resident in regard to providing timely services to prevent incontinent episodes for 2 of 3 residents reviewed for neglect. (Resident B and D, CNA #9, CNA #1)</p> <p>Findings include:</p> <p>1. During an observation and interview on 8/1/16 at 8:25 a.m., Resident B indicated she was not doing very well today. She indicated she told a third shift CNA that she needed to use the bathroom and the CNA told her she did not have time to take her, causing her to soil herself. Resident B was visibly upset and</p>	F 0224	<p>Resident B and D are currently receiving timely services to prevent incontinent episodes. The staff, including CNA #9 and CNA #1, have been educated on providing timely services to the residents with a special focus on preventing incontinent episodes. All residents have the potential to be affected. Interviews and observations have been completed and all the residents are currently receiving timely services to prevent incontinent episodes. The facility's policy on abuse prohibition has been reviewed and no changes are indicated at this time. The nursing staff have been educated on the abuse policy with a special focus on preventing neglect and providing timely services to residents. An audit</p>	08/12/2016
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	<p>angry.</p> <p>During record review on 8/1/16 at 2:30 p.m., diagnoses included, but were not limited to, hypertension, obesity, asthma, coronary artery calcification, inability to walk and severe osteoarthritis of left knee. The Minimum Data Set (MDS) annual assessment, dated 6/25/16, indicated Resident B was cognitively intact.</p> <p>During an interview on 8/1/16 at 8:30 a.m., CNA #10 indicated she came to work at 6:00 a.m. today. She indicated CNA #9 was Resident B's CNA during the night. She indicated when she came to work, Resident B was still in her chair and was soaked through her pad. She indicated the resident also told her the third shift CNA did not take her to the bathroom when asked.</p> <p>During an interview on 8/1/16 at 11:18 a.m., the Director of Nursing (DON) was asked if she had received any reported concern about 3rd shift. She indicated CNA #10 did state a concern, but did not mention any specific resident.</p> <p>During an interview on 8/1/16 at 11:20 a.m., the DON and Corporate Nurse #6, spoke to CNA #10 at the 100 Hall nurse's station. CNA #10 indicated she told the</p>		<p>tool has been initiated. The DON or designee will be responsible for completing the audit tool to ensure residents are being provided services in a timely manner. These reviews will be completed on scheduled work days as follows: daily for two weeks, weekly for two weeks, monthly for two months, then quarterly thereafter. Should a concern be found, immediate corrective action will occur. Results of these reviews and any corrective actions will be reviewed during the facility's monthly QA meetings on an ongoing basis for a minimum of 6 months and the plan will be adjusted if indicated.</p>	

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	<p>DON about the concern, but had not filled out a report. She indicated she was currently on break and would complete the report when she clocked back in. Corporate Nurse #6 instructed her to report the concern now.</p> <p>A care plan, dated 7/8/16, indicated a problem with performing Activities of Daily Living (ADL) related to weakness, incontinence and impaired balance for Resident B. Interventions included, but were not limited to, "shower and/or baths per schedule, assist with ADL care and monitor for changes in ADL...notify charge nurse...further evaluation."</p> <p>2. The clinical record of Resident D was reviewed on 8/2/16 at 2:14 p.m. Diagnoses included, but were not limited to, hypertension, neurogenic bladder, quadriplegia, anxiety and bladder retention. The Minimum Data Set (MDS) quarterly assessment, dated 6/25/16, indicated Resident D was cognitively intact. Resident D received total assist with two-person assist for bathing.</p> <p>During an interview on 8/2/16 at 1:50 p.m., Resident D indicated she was currently wet with urine and had mentioned to staff earlier that she needed to use the bathroom. She indicated she</p>			

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	<p>had waited up to 3 hours before being changed. She indicated she told CNA #1 that she needed to use the bathroom. Resident D was wearing black pants and not visibly wet.</p> <p>During an interview on 8/2/16 at 2:00 p.m. CNA #1 indicated she was told by Resident D that she needed to use the bathroom, but she was in another resident's room. She indicated she just reported to second shift that Resident D needed to be changed and she would follow-up prior to leaving.</p> <p>A care plan, dated 6/30/16, indicated a problem with performing Activities of Daily Living (ADL) related to weakness, incontinence and impaired balance. Resident D required one or two to assist in ADL care. Interventions included, but were not limited to, "shower and/or baths per schedule, assist with ADL care and monitor for changes in ADL...notify charge nurse...further evaluation."</p> <p>During an interview on 8/2/16 at 3:10 p.m., Regional Director #8 indicated the incident for Resident B had since been report to the State Agency. He indicated several concerns had since been identified and additional reports had been filed. He indicated the Administrator was currently on vacation.</p>			

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	<p>Review of a facility policy, dated 10/2014, titled, "ABUSE", provided by Corporate Nurse #6 on 8/1/15 at 9:30 a.m., indicated:</p> <p>"POLICY: It is the policy of this facility allegations of abuse will be communicated to, and thoroughly investigated by, the correct authorities.</p> <p>...2. This facility will ensure that all alleged violations, including mistreatment, neglect or abuse, including injuries of unknown source...immediately to the administrator of the facility.</p> <p>...4. Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain, anguish or deprivation of an individual of goods or services that are necessary to attain or maintain physical, mental or psychosocial well-being.</p> <p>...Neglect-Failure to provide goods and services necessary to avoid physical harm, mental and/or physical anguish or mental illness.</p> <p>...6. All employees,...whom to report abuse and when...their responsibility</p>			

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F 0225 SS=G Bldg. 00	<p>upon witnessing abuse....</p> <p>...8. The facility Administrator is designated...absence, this responsibility is delegated to the Director of Nursing Services."</p> <p>This Federal tag relates to Complaint IN00205725 and IN206020.</p> <p>3.1-27(a)</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p>				

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	<p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on observation, interview and record review, the facility failed to report an alleged neglectful incident between a resident and a staff member in a timely manner to the appropriate agency for 1 of 3 residents interviewed for neglect in a sample of 3. (Resident B and CNA #9)</p> <p>Findings include:</p> <p>During an observation and interview on 8/1/16 at 8:25 a.m., Resident B indicated she was not doing very well today. She indicated she told a third shift CNA that she needed to use the bathroom and the CNA told her she did not have time to take her, causing her to soil herself.</p> <p>During record review on 8/1/16 at 2:30 p.m., diagnoses included, but were not limited to, hypertension, obesity, asthma,</p>	F 0225	<p>A mental anguish assessment was completed on Resident #Bwith no findings noted. CNA #9 has beenre-educated on the abuse policy with a special focus on reporting allegationsof neglect immediately to the Administrator and/or DON. CNA #9 reported the alleged incidentinvolving Resident #9 to the DON, an immediate investigation was completed, andthe allegation was reported to ISDH.</p> <p>All residents have the potential to be affected. Interviews with alert and oriented residents,observations of cognitively impaired residents, and staff interviews have beenconducted to ensure any type of alleged abuse has been reported in a timelymanner. If an alleged incident wasreported, an immediate investigation was conducted and ISDH was made aware.</p>	08/12/2016

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	<p>coronary artery calcification, inability to walk and severe osteoarthritis of left knee. The Minimum Data Set (MDS) annual assessment, dated 6/25/16, indicated Resident B was cognitively intact.</p> <p>During an interview on 8/1/16 at 8:30 a.m., CNA #10 indicated she came to work at 6:00 a.m. today. She indicated CNA #9 was Resident B's CNA during the night. She indicated when she came to work, Resident B was still in her chair and was soaked through her pad. She indicated the resident also told her the third shift CNA did not take her to the bathroom when asked.</p> <p>During an interview on 8/1/16 at 11:18 a.m., the Director of Nursing (DON) was asked if she had received any reported concern about third shift. She indicated CNA #10 did state a concern, but did not mention any specific resident.</p> <p>During an interview on 8/1/16 at 11:20 a.m., the DON and Corporate Nurse #6, spoke to CNA #10 at the 100 Hall nurse's station. CNA #10 indicated she told the DON about the concern, but had not filled out a report. She indicated she was currently on break and would complete the report when she clocked back in. Corporate Nurse #6 instructed her to</p>		<p>The facility's abuse prohibition policy has been reviewed and no changes are indicated at this time. The staff have been re-educated on the abuse policy with a special focus on reporting alleged abuse, including neglect, immediately to the Administrator and/or DON. An audit tool has been initiated.</p> <p>The DON or designee will be responsible for completing the audit tool to ensure all alleged allegations of abuse are reported to the Administrator and/or DON immediately. These audits will be completed on scheduled work days as follows: daily for two weeks, weekly for two weeks, monthly for two months then quarterly thereafter. Should a concern be found, immediate corrective action will occur. Results of these reviews and any corrective actions will be reviewed during the facility's monthly QA meetings on an ongoing basis for a minimum of 6 months and the plan will be adjusted if indicated.</p>		

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	<p>report the concern now.</p> <p>A care plan, dated 7/8/16, indicated a problem with performing Activities of Daily Living (ADL) related to weakness, incontinence and impaired balance. Interventions included, but were not limited to, "shower and/or baths per schedule, assist with ADL care and monitor for changes in ADL...notify charge nurse...further evaluation."</p> <p>During an interview on 8/2/16 at 3:10 p.m., Regional Director #8 indicated the incident for Resident B had since been report to the State Agency. He indicated several concerns had since been identified and additional reports had been filed. He indicated the Administrator was currently on vacation</p> <p>Review of a facility policy, dated 10/2014, titled, "ABUSE", provided by Corporate Nurse #6 on 8/1/15 at 9:30 a.m., indicated:</p> <p>"POLICY: It is the policy of this facility allegations of abuse will be communicated to, and thoroughly investigated by, the correct authorities.</p> <p>...2. This facility will ensure that all alleged violations, including</p>			

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	<p>mistreatment, neglect or abuse, including injuries of unknown source...immediately to the administrator of the facility.</p> <p>...4. Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain, anguish or deprivation of an individual of goods or services that are necessary to attain or maintain physical, mental or psychosocial well-being.</p> <p>...Neglect-Failure to provide goods and services necessary to avoid physical harm, mental and/or physical anguish or mental illness.</p> <p>...6. All employees,...whom to report abuse and when...their responsibility upon witnessing abuse....</p> <p>...8. The facility Administrator is designated...absence, this responsibility is delegated to the Director of Nursing Services."</p> <p>This Federal tag relates to Complaint IN00205725 and IN206020.</p> <p>3.1-28(c)</p>			

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F 0226 SS=G Bldg. 00	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on observation, interview and record review, the facility failed to implement their facility policy related to reporting immediately to the administrator any allegation of neglect of a resident for 2 of 3 residents reviewed for neglect. (Resident B and D)</p> <p>Findings include:</p> <p>1. During an observation and interview on 8/1/16 at 8:25 a.m., when asked, Resident B indicated she was not doing very well today. She indicated she told a third shift CNA that she needed to use the bathroom and the CNA told her she did not have time to take her, causing her to soil herself.</p> <p>During record review on 8/1/16 at 2:30 p.m., diagnoses included, but were not limited to, hypertension, obesity, asthma, coronary artery calcification, inability to walk and severe osteoarthritis of left knee. The Minimum Data Set (MDS) annual assessment dated 6/25/16, indicated Resident B was cognitively intact.</p>	F 0226	<p>The Administrator and DON have been notified of the allegationsof neglect for Resident B and D. Aninvestigation was completed and ISDH has been made aware. Staff have been re-educated on the facility'sabuse prohibition policy with a special focus on following the policy byimmediately reporting allegations of abuse to the Administrator and/or DON.</p> <p>All residents have the potential to be affected. Interviews with alert and oriented residents,observations of cognitively impaired residents, and staff interviews have beenconducted to ensure any type of alleged abuse has been reported immediately tothe Administrator and/or DON per the facility's policy on abuse prohibition. If an alleged incident was reported, an immediateinvestigation was conducted and ISDH was made aware.</p> <p>The facility's abuse prohibition policy has been reviewedand no changes are indicated at this time. The staff have been re-educated on the abuse policy with a special focuson reporting alleged abuse,</p>	08/12/2016

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	<p>During an interview on 8/1/16 at 8:30 a.m., CNA #10 indicated she came to work at 6:00 a.m. today. She indicated CNA #1 was Resident B's CNA during the night. She indicated when she came to work, Resident B was still in her chair and was soaked through her pad. She indicated the resident also told her the third shift CNA did not take her to the bathroom when asked.</p> <p>During an interview on 8/1/16 at 11:18 a.m., the Director of Nursing (DON) was asked if she had received any reported concern about third shift. She indicated CNA #10 did state a concern, but did not mention any specific resident.</p> <p>During an interview on 8/1/16 at 11:20 a.m., the DON and Corporate Nurse #6, spoke to CNA #10 at the 100 Hall nurse's station. CNA #10 indicated she told the DON about the concern, but had not filled out a report. She indicated she was currently on break and would do so when she clocked back in. Corporate Nurse #6 instructed her to report the concern now.</p> <p>A care plan, dated 7/8/16, indicated a problem with performing Activities of Daily Living (ADL) related to weakness, incontinence and impaired balance. Interventions included, but were not</p>		<p>including neglect, immediately to the Administrator and/or DON. An audit tool has been initiated.</p> <p>The DON or designee will be responsible for completing the audit tool to ensure all alleged allegations of abuse are reported to the Administrator and/or DON immediately per the facility's abuse prohibition policy. These audits will be completed on scheduled work days as follows: daily for two weeks, weekly for two weeks, monthly for two months then quarterly thereafter. Should a concern be found, immediate corrective action will occur. Results of these reviews and any corrective actions will be reviewed during the facility's monthly QA meetings on an ongoing basis for a minimum of 6 months and the plan will be adjusted if indicated.</p>		

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	<p>limited to, shower and/or baths per schedule, assist with ADL care and monitor for changes in ADL...notify charge nurse...further evaluation.</p> <p>2. The clinical record of Resident D was reviewed on 8/2/16 at 2:14 p.m. Diagnoses included, but were not limited to, hypertension, neurogenic bladder, quadriplegia, anxiety and bladder retention. The Minimum Data Set (MDS) quarterly assessment, dated 6/25/16, indicated Resident D was cognitively intact. Resident D received total assist with two-person assist for bathing.</p> <p>During an interview on 8/2/16 at 1:50 p.m., Resident D indicated she was currently wet with urine and had mentioned to staff earlier that she needed to use the bathroom. She indicated she had waited up to 3 hours before being changed. She indicated she told CNA #1 that she needed to use the bathroom.</p> <p>During an interview on 8/2/16 at 2:00 p.m. CNA #1 did indicate she was told by Resident D that she needed to use the bathroom, but she was in another resident's room. She indicated she just reported to second shift that Resident D needed to be changed and she would follow-up prior to leaving.</p>			

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	<p>A care plan, dated 6/30/16, indicated a problem with performing Activities of Daily Living (ADL) related to weakness, incontinence and impaired balance. Resident D required on or two to assist in ADL care. Interventions included, but were not limited to, "shower and/or baths per schedule, assist with ADL care and monitor for changes in ADL...notify charge nurse...further evaluation."</p> <p>During an interview on 8/2/16 at 3:10 p.m., Regional Director #8 indicated the incident for Resident B had since been reported to the State Agency. He indicated several concerns had since been identified and additional reports had been filed. He indicated the Administrator was currently on vacation</p> <p>Review of a facility policy dated 10/2014, titled, "ABUSE", provided by Corporate Nurse #6 on 8/1/15 at 9:30 a.m., indicated;</p> <p>"POLICY: It is the policy of this facility allegations of abuse will be communicated to, and thoroughly investigated by, the correct authorities.</p> <p>...2. This facility will ensure that all alleged violations, including</p>			

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F 0309 SS=D	<p>mistreatment, neglect or abuse, including injuries of unknown source...immediately to the administrator of the facility.</p> <p>...4. Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain, anguish or deprivation of an individual of goods or services that are necessary to attain or maintain physical, mental or psychosocial well-being.</p> <p>...Neglect-Failure to provide goods and services necessary to avoid physical harm, mental and/or physical anguish or mental illness.</p> <p>...6. All employees, ...whom to report abuse and when...their responsibility upon witnessing abuse....</p> <p>...8. The facility Administrator is designated...absence, this responsibility is delegated to the Director of Nursing Services."</p> <p>This Federal tag relates to Complaint IN00205725 and IN206020.</p> <p>3.1-28(a)</p>			
	483.25 PROVIDE CARE/SERVICES FOR			

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Bldg. 00	<p><b>HIGHEST WELL BEING</b></p> <p>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, interview and record review, the facility failed to ensure weekly skin assessments were completed for 3 of 5 residents reviewed for skin issues. (Residents B, D and F)</p> <p>1. During an observation and interview on 8/1/16 at 8:25 a.m., Resident B indicated she had a rash all over her abdomen and back. She indicated the rash "itched" and "burned." Resident B then lifted up her shirt to slightly expose her abdominal area. The area was covered with various stages of small scabs.</p> <p>During record review on 8/1/16 at 2:30 p.m., diagnoses included, but were not limited to, hypertension, obesity, asthma, coronary artery calcification, inability to walk and severe osteoarthritis of left knee. The Minimum Data Set (MDS) annual assessment, dated 6/25/16, indicated Resident B was cognitively intact.</p> <p>During review of the Weekly Skin Assessments, the last noted skin</p>	F 0309	<p>Skin assessments have been completed and documented for Residents B, D, and F. They are currently being assessed on a weekly basis and findings are being documented. Nursing staff have been re-educated on the skin management policy.</p> <p>All residents have the potential to be affected. Skin assessments have been completed on all residents and forms updated. Skin assessments are currently being completed on a weekly basis.</p> <p>The facility's policy for Skin Management has been reviewed and no changes are indicated at this time. The nursing staff have been re-educated on the policy with a special focus on completing skin assessments weekly and documenting findings. An audit tool has been implemented.</p> <p>The DON or designee will be responsible for completing the audit tool to ensure skin assessments are being completed on the residents weekly and findings are documented. These audits will be completed on scheduled work days as follows:</p>	08/12/2016

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	<p>assessment was 7/2/16. The assessment indicated "No skin alterations noted. Skin remains intact." No additional documentation was found.</p> <p>Review of the Shower Sheets indicated no new areas were noted on 7/20/16, 7/22/16 and 7/27/16. All 3 shower sheets were signed by both the CNA and nurse.</p> <p>A physician's progress note, dated 7/14/16, indicated Resident B was seen for a rash and excoriated abdomen. The note indicated the nurse also stated the resident's groin and abdominal folds were "red and raw looking." The physician ordered Nystatin (antifungal powder) twice daily for 14 days. The order indicated "Continue to monitor."</p> <p>On 7/26/16, a physician's order was found to start Atarax (antihistamine) 25 milligrams every 8 hours as need.</p> <p>Review of all skin assessments, completed 8/1/16, indicated Resident B had 21 new areas of concern. The areas included the following:</p> <p>A. cellulitis on her left and right lower extremity.</p> <p>B. excoriation on her right leg groin, left leg groin, left abdominal fold, under right</p>		<p>daily for two weeks, weekly for two weeks, monthly for two months, then quarterly thereafter. Should a concern be found, immediate corrective action will occur. Results of these reviews and any corrective actions will be reviewed during the facility's monthly QA meetings on an ongoing basis for a minimum of 6 months and the plan will be adjusted if indicated.</p>				

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	<p>breast.</p> <p>C. scratches on her abdomen, left and right lower extremity, right and left arm, right and left buttocks and right and left side of chest and neck area.</p> <p>A care plan, dated 7/8/16, indicated a problem with performing Activities of Daily Living (ADL) related to weakness, incontinence and impaired balance. Interventions included, but were not limited to, "shower and/or baths per schedule, assist with ADL care and monitor for changes in ADL...notify charge nurse...further evaluation."</p> <p>2. The clinical record of Resident D was reviewed on 8/2/16 at 2:14 p.m. Diagnoses included, but were not limited to, hypertension, neurogenic bladder, quadriplegia, anxiety and bladder retention. The Minimum Data Set (MDS) quarterly assessment, dated 6/25/16, indicated Resident D was cognitively intact.</p> <p>During review of the Weekly Skin Assessments, the last noted skin assessment was 7/18/16. The assessment indicated "No skin alterations noted. Skin remains intact." No additional documentation was found.</p> <p>A skin assessment, on 8/2/16, indicated a</p>			

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	<p>new skin alteration was observed. Review of the Initial Assessment indicated a 3.9 x 4.5 cm excoriation to the right upper thigh. She also had an excoriation under her left breast and upper left inner thigh. Resident D had a bruise that was yellow and fading on her lower right abdomen.</p> <p>Review of Resident D's shower record indicated she last received a shower on 7/30/16. Preventative skin care had also been done during all three shift.</p> <p>A care plan, dated 11/4/15, indicated a problem with performing Activities of Daily Living (ADL) related to quadriplegia, debility and neurogenic bladder. Interventions included, but were not limited to, "shower and/or baths per schedule, assist with ADL care and monitor for changes in ADL...notify charge nurse...further evaluation."</p> <p>3. The clinical record of Resident F was reviewed on 8/2/16 at 11:10 a.m. Diagnoses included, but were not limited to, pain, insomnia, anxiety urinary retention and dementia. The Minimum Data Set (MDS) quarterly assessment, dated 7/2/16, indicated Resident F was cognitively intact.</p> <p>During an interview on 8/2/16 at 11:00</p>			

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	<p>a.m., Resident F indicated they (staff) found a scabbed area on his right cheek. The area was well approximated with a scab covering the entire area.</p> <p>During review of the Weekly Skin Assessments, the last noted skin assessment was 7/18/16. The assessment indicated "No skin alterations noted. Skin remains intact." No additional documentation was found.</p> <p>A skin assessment, on 8/2/16, indicated a new skin alteration was observed. Review of the Initial Assessment, indicated a 1 x 0.8 cm scratch/scab to the right cheek, below the eye.</p> <p>Review of Resident F's shower record indicated he last received a shower on 7/22/16. Preventative skin care had also been done during all three shifts on 7/30/16.</p> <p>A care plan, dated 4/13/16, indicated Resident F required one to two assist for Activities of Daily Living (ADL) related to weakness, pain and impaired balance. Interventions included, but were not limited to, "shower and/or baths per schedule, assist with ADL care and monitor for changes in ADL...notify charge nurse...further evaluation."</p>			

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	<p>On 8/1/16 at 12:09 p.m., the Assistant Director of Nursing (ADON), indicated she tried to do the skin checks on Thursdays. She indicated she did all the pressure ulcer measurements and the non-pressure areas should be done on shower days by the nurses. She indicated it was a constant education with staff. She indicated she also worked the floor, making it hard to get the skin book done. She indicated she was the person who did the skin book audits. She indicated the "system works but is challenging."</p> <p>During an interview on 8/1/16 at 2:50 p.m., Corporate Nurse #6 indicated she filled out the Census and Conditions Report with the facility residents having no rashes. She indicated she was told they did not have any rashes in the facility.</p> <p>Review of a current facility policy, dated 10/2013, titled "SKIN MANAGEMENT PROGRAM", which was provided by Corporate Nurse #7 ON 8/2/16 at 3:25 p.m., indicated the following:</p> <p>"POLICY: This facility will assess/identify the presence of risk factors that may contribute to the development of pressure ulcers and other skin alterations in an effort to prevent skin breakdown an/or</p>			

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F 0312 SS=D Bldg. 00	<p>further deterioration limited by the individual's recognized pathology and pre-existing co-morbid conditions.</p> <p>ASSESSMENT/DOCUMENTATION/MONITORING: A comprehensive head to toe assessment will be completed by a licensed nurse upon admission, readmission and at least weekly thereafter.</p> <p>...Resident who receive assistance with bathing and/or peri-care will be observed daily by nursing staff...red areas...bruises, rashes, abrasions, excoriation....</p> <p>CARE PLAN IMPLEMENTATION: ...developed upon initial identification of a skin condition....Interventions will be implemented....Prevention and treatment interventions...."</p> <p>This Federal tag relates to Complaint IN00205725.</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>			
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	<p>Based on observation, interview and record review, the facility failed to ensure residents who were dependent on staff for grooming and personal hygiene received those services in regards to a shower and/or full bath twice weekly for 3 of 6 residents reviewed for assistance with activities of daily living in a sample of 6. (Residents B, D and F)</p> <p>1. During an observation and interview on 8/1/16 at 8:25 a.m., Resident B indicated she had a rash all over her abdomen and back. She indicated the rash "itched" and "burned." Resident B then lifted up her shirt to slightly expose her abdominal area. The area was covered with various stages of small scabs.</p> <p>During record review on 8/1/16 at 2:30 p.m., diagnoses included, but were not limited to, hypertension, obesity, asthma, coronary artery calcification, inability to walk and severe osteoarthritis of left knee. The Minimum Data Set (MDS) annual assessment, dated 6/25/16, indicated Resident B was cognitively intact. Resident B received extensive assist with one person for bathing.</p> <p>Review of the current shower schedule indicated Resident B was scheduled to receive a shower on Wednesday and</p>	F 0312	<p>Residents B, D, and F are currently receiving showers and/or full baths at least two times weekly. Nursing staff have been re-educated on providing showers/baths to the residents.</p> <p>All residents have the potential to be affected. Observations have been completed and the residents are currently receiving showers and/or full baths at least two times weekly.</p> <p>The facility's policy on Showering a Resident has been reviewed and no changes are indicated at this time. The nursing staff have been re-educated on the policy with a special focus on providing showers/full baths at least two times weekly. An audit tool has been implemented.</p> <p>The DON or designee will be responsible to complete the audit tool to ensure showers/full baths are being completed at least two times weekly. These audits will take place on scheduled work days as follows: daily for two weeks, weekly for two weeks, monthly for two months, then quarterly thereafter. Should a concern be found, immediate corrective action will occur. Results of these reviews and any corrective actions will be reviewed during the facility's monthly QA meetings on an ongoing basis for a minimum of 6 months and the plan will be adjusted if indicated.</p>	08/12/2016			

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	<p>Sunday.</p> <p>Review of the Shower Sheets indicated Resident B received a shower on the following days: 6/1/16-Wednesday, 6/7/16-Tuesday, 6/13/16-Monday, 6/16/16-Thursday, 7/13/16-Wednesday, 7/20/16-Wednesday, 7/22/16-Friday and 7/27/16-Wednesday.</p> <p>Review of the Activities of Daily Living (ADL) record, a documented shower was also completed on the following days, but no shower sheet was provided: 6/19-Sunday, 6/22-Wednesday, July 1-Friday, July 5-Tuesday and July 8-Friday.</p> <p>Resident B did not receive a shower on the following days: 6/5-Sunday, 6/12-Sunday, 6/26-Sunday, 6/29-Wednesday, July 13-Wednesday, July 17-Sunday and July 31-Sunday.</p> <p>A care plan, dated 7/8/16, indicated a problem with performing Activities of Daily Living (ADL) related to weakness, incontinence and impaired balance. Interventions included, but were not limited to, "shower and/or baths per schedule, assist with ADL care and monitor for changes in ADL...notify charge nurse...further evaluation."</p>			
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	<p>2. The clinical record of Resident D was review on 8/2/16 at 2:14 p.m. Diagnoses included, but were not limited to, hypertension, neurogenic bladder, quadriplegia, anxiety and bladder retention. The Minimum Data Set (MDS) quarterly assessment, dated 6/25/16, indicated Resident D was cognitively intact.</p> <p>Resident D received total assist with two-person assist for bathing.</p> <p>Review of the current shower schedule, Resident D was scheduled to receive a shower on Monday, Wednesday and Friday.</p> <p>Review of the Shower Sheets indicated Resident D did not receive a shower on the following scheduled days: June 10-Friday, June 13-Monday, June 17-Friday, June 20-Monday, June 24-Friday, June 27-Monday, July 4-Monday, July 6-Wednesday, July 8-Friday, July 11-Monday, July 13-Wednesday or July 15-Friday.</p> <p>A care plan, dated 6/30/16, indicated a problem with performing Activities of Daily Living (ADL) related to weakness, incontinence and impaired balance. Resident D required on or two to assist in ADL care. Interventions included, but</p>			

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	<p>were not limited to, "shower and/or baths per schedule, assist with ADL care and monitor for changes in ADL...notify charge nurse...further evaluation."</p> <p>3. The clinical record of Resident F was reviewed on 8/2/16 at 11:10 a.m. Diagnoses included, but were not limited to, pain, insomnia, anxiety urinary retention and dementia. The Minimum Data Set (MDS) quarterly assessment, dated 7/2/16, indicated Resident F was cognitively intact. Resident F required stand by assist for bathing.</p> <p>During an interview on 8/2/16 at 11:00 a.m., Resident F indicated the younger staff did not like to give him a shower. He indicated "they just pass me over."</p> <p>Review of the current shower schedule indicated Resident F was scheduled to receive a shower on Tuesday and Friday.</p> <p>Review of the Shower Sheets indicated Resident F did not receive a shower on the following scheduled days: June 24-Friday, June 28-Tuesday, July 1-Friday, July 5-Tuesday, July 8-Friday, July 12-Tuesday, July 26-Tuesday or July 29-Friday.</p> <p>A care plan, dated 4/13/16 and revised 7/2/16, indicated a problem with</p>			

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	<p>performing Activities of Daily Living (ADL) related to weakness, incontinence and impaired balance. Resident F required one or two to assist in ADL care. Interventions included, but were not limited to, "shower and/or baths per schedule, assist with ADL care and monitor for changes in ADL...notify charge nurse...further evaluation."</p> <p>During an interview on 8/2/16 at 3:10 p.m., Regional Director #8 indicated he was made aware by Resident F that he was not getting his scheduled showers.</p> <p>Review of a current facility policy dated 10/2014, titled "SHOWERING A RESIDENT", which was provided by Corporate Nurse #6 ON 8/2/16 at 4:45 p.m., indicated the following:</p> <p>"PURPOSE: A shower will clean, refresh, and soothe the resident; stimulate circulation, and provide an opportunity for resident to exercise arms and legs.</p> <p>POLICY: Resident will receive a shower at least twice weekly unless conditions warrants otherwise or resident refuses...."</p> <p>This Federal tag relates to Complaint IN00205725 and IN206020.</p>			

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F 0441 SS=D Bldg. 00	<p>3.1-38(a)(2)(A)</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; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p>			
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	<p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on interview and record review, the facility failed to educate staff on the prevention and potential spread of lice for 2 of 6 residents reviewed for infection control. ( Residents G and H)</p> <p>Findings include:</p> <p>1. The clinical record of Resident H was reviewed on 8/2/16 at 3:10 p.m. Diagnoses for the resident included, but were not limited to, Alzheimer's disease, dementia, hypertension and coronary artery disease. A review of Resident H's Minimum Data Set (MDS) Quarterly Review, dated 6/11/16, indicated the resident was moderately cognitively impaired.</p> <p>Review of the June Infection Control Surveillance sheet indicated Resident H had first noted symptoms of lice on 6/15/16.</p> <p>Review of a current Physician's Order, dated 6/15/16, an order to use a lice kit was received. Resident H received one treatment for head lice.</p> <p>2. The clinical record of Resident G was reviewed on 8/2/16 at 11:36 a.m.</p>	F 0441	<p>Nursing staff have been re-educated on the infection control policy with a special focus on the prevention and potential spread of lice. Residents G and H have been treated and are currently free from lice.</p> <p>All residents have the potential to be affected. Residents have been assessed and no lice has been found. Nursing staff have been re-educated on the infection control policy with a special focus on the prevention and potential spread of lice.</p> <p>The facility's policy for the Infection Control Program has been reviewed and no changes are indicated. The DON has been re-educated on the policy with a special focus on documenting the education provided to staff. Nursing staff have been re-educated on the policy with a special focus on the prevention and potential spread of lice. An audit tool has been implemented.</p> <p>The Administrator will be responsible for completing the audit tool to ensure education is being provided and documented. These audits will occur on scheduled workdays as follows: Weekly for eight weeks, monthly for two months, then quarterly thereafter. Should a concern be found, immediate corrective action will occur. Results of these reviews and</p>	08/12/2016

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	<p>Diagnoses for the resident included, but were not limited to, Parkinson's disease, diabetes mellitus, hypertension, dementia and depression. A review of Resident G's Minimum Data Set (MDS) Quarterly Review, dated 7/7/16, indicated the resident was cognitively intact.</p> <p>Review of the June Infection Control Surveillance sheet indicated Resident G had first noted symptoms on 6/30/16. There was no listing for lice on the July sheet.</p> <p>Review of a current Physician's Order, dated 7/15/16, an order for RID (lice killing shampoo) as directed one time. The order indicated to repeat if necessary in 1 week. Resident G had one treatment for head lice.</p> <p>On 8/2/16 at 9:00 a.m., the Director of Nursing (DON) provided a written statement indicating staff were verbally educated on the proper treatment, infection, prevention and spread of lice. She indicated no signatures were obtained from the staff.</p> <p>During an interview on 8/1/16 at 2:50 p.m., the DON, indicated both of the resident rooms were stripped and other residents were checked for lice. She indicated the hairdresser found the nits in</p>		any corrective actions will be reviewed during the facility's monthly QA meetings on an ongoing basis for a minimum of 6 months and the plan will be adjusted if indicated.	

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	<p>the hair.</p> <p>Resident G and H's rooms are beside each other.</p> <p>During an interview on 8/2/16 at 12:00 p.m., LPN #3 indicated she could not recall any in-service on lice.</p> <p>During an interview on 8/2/16 at 12:05 p.m., LPN #5 indicated there was no in-service related to head lice.</p> <p>During an interview on 8/2/16 at 12:10 p.m., LPN #4 indicated she was not aware of any in-service for lice.</p> <p>During an interview on 8/2/16 at 2:00 p.m., CNA #1 indicated she did not attend any in-service on the prevention of lice.</p> <p>During an interview on 8/2/16 at 4:50 p.m., CNA #2 indicated she did not attend any in-service on the prevention of lice.</p> <p>Review of a current facility policy dated 10/2015, titled "OVERVIEW OF THE FACILITY INFECTION CONTROL PROGRAM", which was provided by Corporate Nurse #6, indicated the following:</p>			

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	<p>"The major purpose of the Infection Control Program is to educate personnel in regard to ongoing prevention and to minimize the effects of infections on residents and personnel. The facility Infection Control Program requires an underlying commitment and facility-wide participation.</p> <p>...PREVENTION The facility shall provide education upon orientation and periodically thereafter addressing manners in which to prevent the spread of infection...."</p> <p>This Federal tag relates to Complaint IN00205725.</p> <p>3.1-18(b)(1)</p>			