

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155003	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/06/2014
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NAME OF PROVIDER OR SUPPLIER MASON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 PROVIDENT DR WARSAW, IN 46580
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: June 2, 3, 4, 5, and 6, 2014</p> <p>Facility number: 000003 Provider number: 155003 AIM number: 100290600</p> <p>Survey team: Julie Wagoner RN, TC Sharon Ewing, RN Deb Kammeyer, RN Lora Swanson, RN</p> <p>Census bed type: SNF: 09 SNF/NF: 74 Total: 83</p> <p>Census payor type: Medicare: 18 Medicaid: 40 Other: 25 Total: 83</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on June 13, 2014, by Brenda Meredith, R.N.</p>	F000000		

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

TITLE

(X6) DATE

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

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F000280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on record review and interviews, the facility failed to ensure a care plan related to nutritional needs was updated to reflect weight loss issues for 2 of 3 residents reviewed for nutritional needs. (Resident #83 and Resident #43)</p>	F000280	This plan of correction has been prepared and executed because it is required by the provisions of state and federal law, and not because Mason Health and Rehab agrees with the allegations contained therein. Mason Health and Rehab maintains that the	07/03/2014	

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	<p>Findings include:</p> <p>1. The clinical record for Resident #83 was reviewed on 6/3/14 at 8:34 A.M. Resident #83 was admitted to the facility on 11/15/13, with diagnoses, including but not limited to, hyponatremia, difficulty walking, cardiac dysrrhythmias, muscle weakness, cognitive communication deficit, anemia's, chronic kidney disease, hypopotassemia, anxiety state, dementia without behavioral disturbance, history of falls, hypertension, syncope and collapse, hyperlipidemia, and heart failure.</p> <p>The physician's orders on admission, dated 11/15/13 related to nutrition, included: "no added salt, regular texture, thin consistency [liquids]."</p> <p>The physician's order related to diet was updated, on 11/27/13, to "regular diet, regular texture, thin consistency."</p> <p>The initial MDS (Minimum Data Set) assessment, completed on 11/22/13, indicated the resident required supervision and set up assistance for eating needs, weighed 117 pounds and it was not known if there had been any recent weight loss or gain.</p> <p>The care plan related to nutritional needs,</p>		<p>alleged deficiency does not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. Care plan has been reviewed for resident #83 and updated to reflect the current weight status. For resident #43, the facility is unable to correct the alleged deficient practice due to discharge from facility on 3/18/14. All residents residing in the facility have the potential to be affected by the alleged deficient practice. The consulting dietitian will review the care plans for all residents who currently trigger for weight loss in the Weights and Vitals Portal of the electronic medical record system to be certain their plans of care reflects current condition. The consulting dietitian will provide in-service training to the dietary manger on nutritional care planning with emphasis on reflecting current condition related to weight changes. When residents with weight loss are reviewed in the nutritional at risk meeting, their care plan will be checked to be certain current weight status is addressed. Results of this review at the Nutrition at Risk Team meeting will be documented on a monitoring tool weekly for four weeks, then monthly for 5 months. Review of care planning for weight loss will be included in the Nutrition at Risk Team</p>				

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	<p>initiated on 11/26/14, indicated the following: "[Resident's name] needs a General/Healthful diet [Resident's name] will consume 75-100% of diet; have nutrition related lab values within normal limits; have stable weight and intact skin." The interventions included: "Diet and supplements per MD [physician] order, Obtain and honor food preferences, Review lab values when indicated, Review skin assessments per protocol, and Review weight and food and fluid intakes per protocol."</p> <p>The 01/17/14 late entry, Nutrition at Risk note, indicated the resident's weight was down to 99 pounds. The note indicated Healthshakes were recommended but the resident refused to drink them. There was a recommendation by the dietician to consider an appetite stimulant. The note indicated supplements had been offered with minimal success.</p> <p>There were no orders to start and/or discontinue nutritional supplements for Resident #83 from her admission on 11/13/13 to 01/17/14 noted in the electronic charting physician orders during this timeframe. There was no documentation of physician notification of the resident's significant weight loss or dietician's recommendations. There was no order for an appetite stimulant until</p>		<p>Meeting. The Administrator/Designee will review the Nutrition at Risk Meeting Tool. The results of the monitoring tool for care planning will be reviewed in the Quality Assurance Meeting ongoing.</p>				

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F000318 SS=D	<p>01/30/14 when Remeron was ordered.</p> <p>The resident's weight was documented as 99 pounds on 02/19/14, an over 10 percent weight loss since the resident was readmitted in November 2013 with an initial weight of 117 pounds.</p> <p>A quarterly MDS assessment, completed on 05/24/14, indicated the resident's weight had dropped to 97 pounds, her eating assistance needs had stayed the same, and again any weight loss or gain of 5 percent or more was "unknown."</p> <p>Review of the nutrition care plan, on 06/02/14, indicated it was unchanged from the original careplan initiated on 11/26/14, despite the resident's continued significant weight loss.</p> <p>483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. Based on observation, record review, and interview, the facility failed to ensure 1 of 3 residents reviewed with limited range of motion received restorative services to increase and/or prevent further</p>	F000318	This plan of correction has been prepared and executed because it is required by the provisions of state and federal law, and not because Mason Health and Rehab agrees with the allegations	07/03/2014			

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	<p>decreases in range of motion. (Resident #1)</p> <p>Findings include:</p> <p>During a interview on 6-2-14 at 11:18 A.M., Resident #1 indicated she wore a hand splint at night due to her left hand wanting to make a tight fist. Resident #1 further indicated she wore a ankle splint only when transferring from the bed to the chair and back.</p> <p>A review of the resident #1's clinical chart was conducted on 6-4-14 at 11:08 A.M. The resident's diagnoses included, but were not limited to: hemiplegia affecting the nondominant side due to cerebral vascular accident (CVA), depressive disorder, hypothyroidism, contracture of ankle/foot, and contracture of hand joint.</p> <p>Review of the Minimum Data Set (MDS) Quarterly Assessment, dated 4-21-14, indicated the resident was receiving Restorative therapy-PROM (Passive Range of Motion) 1 day a week and splint on or brace assistance 5 days a week.</p> <p>During an interview, on 6-5-14 at 10:36 A.M., the Restorative/MDS Coordinator indicated the Resident #1 was involved in</p>		<p>contained therein. Mason Health and Rehab maintains that the alleged deficiency does not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. The facility is unable to correct the alleged deficient practice for resident #1. Residents currently residing in the facility have the potential to be affected by the alleged deficient practice. Restorative nurse will audit all resident's restorative documentation for the past 30 days to ensure that no others have been affected by the alleged deficient practice. Director of Nursing/Designee to review results of audit. Restorative Nurse will in-service Restorative aids regarding restorative protocol and providing the necessary restorative services identified and documenting accordingly. Restorative Nurse will conduct weekly audits of required documentation for those residents currently receiving a restorative program to ensure services are being provided ongoing. Director of Nursing/Designee will review results of audits weekly for four months, monthly for four months then quarterly thereafter. Audits will be reviewed during QA meeting once a month for four months then quarterly thereafter.</p>	

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	<p>a lot of activities, was rarely available for Passive Range of Motion (PROM) exercises, and received PROM exercises only when the resident was available. The Restorative/MDS Coordinator further indicated she did not document when the resident was not available or refused her PROM therapy. In addition, she indicated the MDS assessment in April reflected the amount of days the resident completed the PROM with the restorative staff. She further indicated the resident at times can be seen doing the exercises herself but that can not be counted on the MDS assessment. She explained the Careplan stated up to 7 days a week, not "received PROM 7 days a week."</p> <p>On 6-5-14 at 2:20 P.M., the current care plan, dated 4-30-14, received from the Director of Nursing (DON), indicated the resident had a risk for contracture and had decreased ROM in her left extremities and would benefit from PROM (passive range of motion) exercises. The goal indicated the resident would "...tolerate 10 repetitions of PROM exercises to left foot and hand, daily up to 7 times per week...." The interventions included "...give verbal cues and/or demonstration of PROM exercises, notify charge nurse of any complaints of pain or discomfort, notify</p>						

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	<p>restorative nurse if any decline, inspect skin for abnormalities such as pressure sores, reddened, irritated, swollen areas and report to nurse if noted, and 10 repetitions x (times) 5 sets of left foot PROM exercises in all planes & motions daily without pain or discomfort up to 7 days weekly...." A fall care plan, revised on 5-14-14, indicated the resident had the potential for falls related to: weakness, and hemiplegia. The interventions included left ankle brace to be worn during all transfers, then CNA (Certified Nursing Assistant) remove, socks to be on when wearing the left leg brace/splint, and resident to wear left ankle splint in shoe for all standing activities and to aid in weight bearing and decrease ankle twisting.</p> <p>During an interview on 6-5-14 at 3:40 P.M., Therapist #10 indicated the resident's left hand contracture had not been evaluated in 2014, in regards to the resident's range of motion. She further indicated the restorative staff would contact a therapist if they noted a decline.</p> <p>On 6-5-14 at 4:06 P.M. a review of form titled " Nursing Rehab:Passive ROM (direct care)" indicated the following: -During the two week period of 3-14-14 thru 3-27-14 the resident received 5 days of PROM.</p>			

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	<p>-During the two week period of 3-28-14 thru 4-10-14 the resident received 5 days of PROM.</p> <p>-During the two week period of 4-11-14 thru 4-24-14 the resident received 3 days of PROM.</p> <p>-During the two week period of 4-25-14 thru 5-8-14 the resident received 9 days of PROM.</p> <p>-All dates during 3-14 to 5-8-14 when no PROM was completed the form indicated "Not applicable." The form did contain other responses such as "Resident not available, Resident Refused, and Response Not Required."</p> <p>During an interview on 6-6-14 at 11:00 A.M., the Restorative/MDS Coordinator indicated the Nursing Rehab form did not distinguish between the PROM exercises completed on the left foot or left hand, or it could indicate both areas were given PROM that day.</p> <p>During an interview on 6-6-14 at 11:20 A.M., the DON indicated the purpose for the restorative PROM exercises for Resident #1 was to maintain and prevent further damage to the contracted hand and foot. She further indicated the Restorative Nurse should be actively attempting to meet with the resident more than one day a week as the MDS assessment indicated. The DON did not</p>				

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F000325 SS=G	<p>have a policy regarding restorative nursing, however she indicated the facility used the RAI (Resident Assessment Instrument) manual.</p> <p>On 6-6-14 at 12:50 P.M., a review of the RAI Manual 3.0, dated 2013, indicated restorative PROM exercises must be individualized to the resident's needs, planned, monitored, evaluated and documented in the resident's medical record.</p> <p>3.1-42(a)(2)</p> <p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem.</p>			

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	<p>Based on observation, record review, and interviews, the facility failed to ensure the nutritional status of 2 of 3 residents reviewed for nutrition and weight loss was maintained by thorough and timely assessments and interventions. (Resident #43 and Resident #83)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #83 was conducted on 6/3/14 at 8:34 A.M. Resident #83 was admitted to the facility on 11/15/13, with diagnoses, including but not limited to, hyponatremia, difficulty walking, cardiac dysrhythmias, muscle weakness, cognitive communication deficit, anemia's, chronic kidney disease, hypopotassemia, anxiety state, dementia without behavioral disturbance, history of falls, hypertension, syncope and collapse, hyperlipidemia, and heart failure.</p> <p>The physician's orders on admission, dated 11/15/13, related to to nutrition, included: "no added salt, regular texture, thin consistency [liquids]."</p> <p>The physician's order related to diet was updated, on 11/27/13, to "regular diet, regular texture, thin consistency [liquid consistency]."</p>	F000325	<p>This plan of correction has been prepared and executed because it is required by the provisions of state and federal law, and not because Mason Health and Rehab agrees with the allegations contained therein. Mason Health and Rehab maintains that the alleged deficiency does not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. The facility is unable to correct the previous alleged deficient practice for resident #83. Residents care plan has been reviewed to update her current status. Weight is currently stable at 107 lbs. The facility is unable to correct the previous alleged deficient practice on resident #43 as she was discharged on 3/18/14. All residents have the potential to be affected by the alleged deficient practice. The consulting dietitian will review all residents who currently trigger for weight loss in the Weights and Vitals Portal of the electronic medical record system to be certain they have appropriate interventions in place and their plan of care reflects the current condition. Director of Nursing/Designee will review all residents who currently trigger for weight loss within the last 30 days in the Weights and Vitals Portal of the electronic medical record system to be certain there is</p>	07/03/2014			

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	<p>The initial MDS (Minimum Data Set) assessment, completed on 11/22/13, indicated the resident required supervision and set up assistance for eating needs, weighed 117 pounds and it was not known if there had been any recent weight loss or gain.</p> <p>The care plan related to nutritional needs, initiated on 11/26/14, indicated the following: "[Resident's name] needs a General/Healthful diet [Resident's name] will consume 75-100% of diet; have nutrition related lab values within normal limits; have stable weight and intact skin." Interventions included: "Diet and supplements per MD [physician] order, Obtain and honor food preferences, Review lab values when indicated, Review skin assessments per protocol, and Review weight and food and fluid intakes per protocol."</p> <p>A Nutritional at Risk dietary note, dated 11/22/13, indicated the following: "resident previously on healthshakes - recommend restart." There was no order or notes about restarting healthshakes for the resident.</p> <p>A mini nutritional assessment, completed on 11/26/13, indicated the resident had experienced a decline in intake, had no weight loss, was bed or chair bound, had</p>		documentation of physician notification. The members of the Nutritional at Risk Team will receive in-service training on weight loss interventions and timely adjustment of interventions. Dietary Manager will receive in-service training on complete and accurate nutrition at risk progress notes and MDS assessments. Residents with weight changes will be reviewed by the Nutrition at Risk Team weekly, to include discussion of effective interventions. The consulting dietitian will participate in the team meeting weekly as available. Review of follow-up to the previous week's dietitian recommendations will become a part of the routine Nutritional at Risk Team Meetings. Audit tool utilized during the Nutritional at Risk Meeting will be reviewed by Administrator/Designee weekly. Results of the Audit tools will be reviewed in the Quality Assurance Committee meeting monthly and ongoing.	

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	<p>experienced acute disease in the past 3 months, had mild dementia, and had a body mass index between 19 and 20.</p> <p>The 12/17/13, 01/03/14 and 01/10/14 Nutrition at Risk notes did not recommend any interventions besides continuing to monitor weekly weights.</p> <p>The 01/17/14 late entry Nutrition at Risk note, indicated the resident's weight was down to 99 pounds. The note indicated Healthshakes were recommended but the resident refused to drink them. There was a recommendation by the dietician to consider an appetite stimulant. The note indicated supplements had been offered with minimal success.</p> <p>There were no orders to start and/or discontinue nutritional supplements for Resident #83 from her admission on 11/13/13 to 01/17/14 noted in the electronic charting physician orders during this timeframe. There was no documentation of physician notification of the resident's significant weight loss or dietician's recommendations. There was no order for an appetite stimulant until 01/30/14 when Remeron was ordered.</p> <p>The resident's weight was documented as 99 pounds on 02/19/14, an over 10 percent weight loss since the resident was</p>			

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	<p>admitted in November 2013 with a weight of initial 117 pounds.</p> <p>A quarterly MDS assessment, completed on 05/24/14, indicated the resident's weight had dropped to 97 pounds, her eating assistance needs had stayed the same, and again any weight loss or gain of 5 percent or more was "unknown." The 97 pound weight dropped the resident's Body Mass Index to 16.1.</p> <p>Interview with the Director of Nursing (DON), on 06/05/14 at 11:00 A.M., indicated the nurse practitioner was notified by 01/30/14 of the weight loss and the recommendation for an appetite stimulant made by the dietician.</p> <p>During the interview, the DON indicated the previous dietician had spoken with Resident #83 and utilized information from the resident's previous admission issues from August 2013 and did not order healthshakes or any other supplement during the current admission. The DON indicated the resident had stated she did not like the healthshakes so no other attempt was made until 06/04/14 to address the resident's weight issues besides the Remeron. Physician's orders related to nutrition for Resident #83, in September 2013, prior to her discharge indicated she was receiving a regular diet</p>						

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	<p>and healthshakes twice a day. It was unknown if she was drinking the healthshakes at the time.</p> <p>A Dietary Nutritional At Risk Assessment, located in the progress notes and dated 11/26/13, indicated the dietician had assessed the resident's initial nutritional status. The assessment noted Resident #83's poor meal intakes, noted her pertinent medications and disease processes, pertinent lab studies, indicated her skin was intact, and recommended to liberalize the diet to regular in light of the age of the resident versus the NAS (no added salt) restriction as well as the low BMI and recent treatment for hyponatremia. The initial assessment did not provide any interventions to increase the resident's weight.</p> <p>The DON presented a Mini Nutritional Assessment, completed on 11/26/13, by the previous dietician which indicated the resident had experienced a moderate decrease in food intake over the past 3 months, had demonstrated no weight loss over the past 3 months, was bed or chair bound, had suffered psychological stress or acute disease issues in the past 3 months, had mild dementia, and had a Body Mass Index (BMI) between 19 -20. There was no specific assessment</p>			

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	<p>information related to caloric and fluid needs, disease processes, recent laboratory studies, skin conditions or any other aspect which could affect the resident's nutritional status assessed by the dietician.</p> <p>During the interview, the Director of Nursing confirmed until 06/04/14, when the current dietician reassessed Resident #83's nutritional needs and weight loss and recommended to add an ice cream to the evening meal to increase caloric intake, other than the appetite stimulant mediation, ordered on 01/30/14, there had been no reevaluation or intervention to prevent further weight loss and assist the resident to regain the weight she had lost.</p> <p>2. On 6/5/14 at 9:50 A.M., a review of the clinical record for Resident #43 was conducted. The record indicated the resident was admitted to the facility on 1/15/14 and was discharged to another facility on 3/18/14. The resident's diagnosis included, but were not limited to: dehydration, secondary Parkinsonism, muscle weakness and hypertension.</p> <p>A physician's order for Resident #43, dated 1/16/14, indicated a Regular diet with thin consistency.</p>						

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	<p>A mini nutritional assessment, dated 1/24/14, indicated the resident had mild dementia, the BMI (Body Mass Index) was between 21 and 22 and the resident was at risk for malnutrition.</p> <p>A dietary nutritional at risk assessment, dated 1/24/14, indicated the current weight was 144# (pounds), the BMI was 21.7, the estimated caloric needs was 1625-1950, meal intakes 50-75%, the resident was able to feed self, the skin status: mild braden indicated. The recommendation was: 4 oz (ounce) health shake BID (twice daily) b/t (between) meals to aid in meeting nutrient needs.</p> <p>A physician order, dated 1/30/14, indicated health shakes 4 oz two times daily.</p> <p>A dietary progress note, dated 1/31/14, indicated new supplement order: 4 oz health shake BID.</p> <p>A dietary nutrition at risk note, dated 2/19/14, indicated recommendation: continue current plan of care and weekly weights.</p> <p>A dietary nutrition at risk note, dated 3/3/14, indicated recommendation: continue to monitor weekly weights.</p>						

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	<p>A dietary nutrition at risk note, dated 3/10/14, indicated recommendation: continue to monitor weekly weights.</p> <p>A monthly weights and percentages for Resident #43 indicated the weight on 1/16/14 was 144#. On 1/29/14, 15 days after admission, the weight was 140# a 4 pound or 2.8% loss. On 2/12/14, 30 days after admission, the weight was 130# a 14 pound or 9.7% loss. On 3/12/14, 60 days after admission, the weight was 122# a 22 pound or 15.3% loss. Review of the clinical record indicated there were no additional dietary interventions initiated to prevent further weight loss.</p> <p>Review of the meal consumption intake report for Resident #43 indicated the following: for the breakfast meal - a meal refusal was recorded on 1/28/14. 0-25% was recorded for 1/17/14. 26-50% was recorded for 1/25/14 and 3/14/14. For the lunch meal- a meal refusal was recorded on 1/17/14 and 1/24/14. 26-50% consumed on 1/28/14, 2/15/14 and 3/14/14. For the dinner meal- a meal refusal on 2/5/14. 26-50% consumed on 1/18/14, 1/19/14, 1/26/14 and 3/14/14.</p> <p>Review of the nutritional supplement intake report for the resident indicated the following: for the afternoon snack 25% was consumed on 2/17/14 and 3/4/14.</p>				

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	<p>For the evening snack 25% was consumed on 2/7/14, 2/14/14, 2/19/14, 3/1/14, 3/2/14, 3/7/14 and 3/17/14.</p> <p>On 6/5/14 at 1:15 P.M., review of a care plan, initiated 1/29/14 with no revision date, indicated the focus: General/healthful diet. Interventions included but were not limited to, monitor lab values when available, monitor skin assessments, monitor weight and food and fluid intakes, obtain and honor food preferences, and regular diet with thin liquids. There was no indication that the care plan was revised when the health shake was ordered on 1/30/14.</p> <p>On 6/5/14 at 1:30 P.M., review of the current policy titled "Resident Nutrition Risk" received from the Assistant Director of Nursing indicated "...Residents are considered to be at potential risk if they have any of the following conditions:...b. Significant weight loss...f. abnormal lab values (ex: dehydration)...5. A Licensed Nurse, Dietary Manager, or Registered Dietician will be responsible for:...b. Notifying the physician when a significant weight change occurs or a nutritional problem is validated...d. Documenting weights, variances and notification of significant changes in the medical record...6. The consulting Registered Dietician is</p>			

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	<p>responsible for...b. Recommending appropriate, accepted nutritional interventions that will improve the resident's nutritional status...."</p> <p>On 6/5/14 at 2:15 P.M., review of the current policy titled "Care Plans Protocol" received from the corporate nurse indicated "...Establishing and updating care plan...The care plan should be revised on an on-going basis to reflect changes in the resident and the care the resident is receiving...Acute changes and order changes should be addressed on the care plan and are the responsibility of staff nurses to establish, revise, or discontinue care plan goal or interventions...."</p> <p>On 6/5/14 at 2:30 P.M., an interview with the Director of Nursing indicated, the nutrition at risk committee meets weekly and consists of the Dietician, the Dietary Manager, the Director of Nursing and the Unit Managers. During the meeting they discuss resident's with significant weight loss. The Dietician makes recommendations regarding supplements, reweighs etc. The recommendations are then placed in the physician folders at the nursing stations for the physician or the nurse practitioner to review and sign. The licensed nurses or unit managers should notify the physician of a significant</p>						

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F000371 SS=F	<p>weight loss. The DON further indicated that the resident's care plan should have been updated and revised when the health shake was ordered on 1/30/14.</p> <p>3.1-46(a)(1) 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 proper dating of foods in the kitchen. This deficient practice affected 1 of 1 kitchens.</p> <p>Findings include:</p> <p>On 6/2/14 between 8:00 A.M. and 8:30 A.M., during an initial tour of the kitchen, the following was observed:</p> <p>A. The spice cabinet had an open and undated container of Trade East minced onion.</p> <p>B. On the shelves in the walk in refrigerator the following was noted: one bottle of Gordon's Food Service lemon</p>	F000371	This plan of correction has been prepared and executed because it is required by the provisions of state and federal law, and not because Mason Health and Rehab agrees with the allegations contained therein. Mason Health and Rehab maintains that the alleged deficiency does not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. The facility is unable to correct the alleged deficient practice. A full kitchen sweep of all open items was completed by dietary manager on 06/09/14. The new stock employee was given a one-on-one in-service training addressing labeling and dating of items on 06/09/14. The dietary staff received in-service training on correct labeling and dating	06/09/2014

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	<p>juice was opened and undated, and one container of Gordon's Food Service sour cream was opened and undated.</p> <p>An interview was conducted with the Dietary Manager at this time. The Dietary Manager indicated it was her expectation that inventory is marked (dated) when it is opened and when it is brought into the facility. The Dietary Manager further indicated the lemon juice and sour cream were opened and undated and that the sour cream had been used a few days ago in the stroganoff.</p> <p>On 6/5/14 at 11:30 A.M., the Dietary Manager provided the following policy titled "...Nutritional Services Policy and Procedure Manual review date 6/12..." Review of the policy at this time indicated,"... All foods stored for later use shall be covered, labeled with the food name, and dated with the current date as the open date (OP)...."</p> <p>3.1-21(i)(2)</p>		<p>practices, including a review of the policy for food storage on 06/09/14. The dietary manager/Designee will check opened items for correct labeling and dating daily for 30 days, then weekly for four weeks, and then every two weeks for one month. The results of these checks will be recording on a monitoring tool. The monitoring tool will be reviewed by the Administrator/Designee monthly. The results of the above checks including the written monitoring tool, will be reviewed in the Quality Assurance meeting monthly for three months and quarterly thereafter ongoing.</p>				

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F000441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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 observation, record review and interview, the facility failed to ensure a dignity bag was kept up off the floor. This deficient practice affected 1 of 1 resident's with catheters.</p> <p>Findings include:</p> <p>On 6/4/14 at 10:02 A.M., Resident #96 was observed sitting in the common area on the 100 hall with the catheter dignity bag dragging on the floor. Clear yellow urine was noted in the tubing.</p> <p>On 6/4/14 at 1:32 P.M., Resident #96 was observed being pushed in the 100 unit hallway with the catheter dignity bag dragging on the floor. Clear yellow urine was noted in the tubing.</p> <p>On 6/5/14 at 1:30 P.M., Resident #96 was observed sitting in the common area on the 100 hall with the catheter dignity bag dragging on the floor. Clear yellow urine was noted in the tubing.</p> <p>On 6/6/14 at 11:00 A.M., Resident #96 was observed sitting in the common area on the 100 hall with the catheter dignity bag dragging on the floor. Clear yellow</p>	F000441	<p>This plan of correction has been prepared and executed because it is required by the provisions of state and federal law, and not because Mason Health and Rehab agrees with the allegations contained therein. Mason Health and Rehab maintains that the alleged deficiency does not individually or collectively jeopardize the health and safety of the residents, nor are they of such character so as to limit our capability to render adequate care. The facility is unable to correct the alleged deficient practice for resident # 96. Any resident utilizing a Foley catheter have the potential to be affected by the alleged deficient practice. Nursing staff has been in-serviced regarding infection control, specifically addressing keeping dignity bags off of the floor. Licensed nurses on all shifts will perform catheter audit to ensure appropriate proper positioning/infection control precautions are maintained. Director of Nursing/Designee to review completed catheter audits to ensure appropriate compliance and follow-up weekly for four weeks then monthly for four months. QA Catheter assessment tool will be reviewed at Quality Assurance Meetings monthly for four months then quarterly thereafter ongoing.</p>	07/03/2014

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	<p>urine was noted in the tubing.</p> <p>On 6/6/14 at 11:04 A.M., an interview was conducted with Unit Manager # 16. Unit Manager #16 indicated dignity bags should not be on the floor. She further indicated it was her expectation that catheter dignity bags would be kept up off the floor at all times.</p> <p>On 6/6/14 at 11:45 A.M., the Director of Nurses provided a policy titled "...Policy for Foley Catheter Care....", the policy did not address the position of the foley catheter dignity bag.</p> <p>3.1-18(b)(2)</p>				