

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155374	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/21/2014
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NAME OF PROVIDER OR SUPPLIER MARTIN COUNTY HEALTHCARE & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 313 POPLAR ST LOOGOOTEE, IN 47553
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: February 18, 19, 20, & 21, 2014</p> <p>Facility number: 000571 Provider number: 155374 AIM number: 100266920</p> <p>Survey team: Melissa Gillis, RN-TC (February 18, 19 & 21, 2014) Cheryl Mabry, RN Diana McDonald, RN Angela Patterson, RN</p> <p>Census bed type: SNF/NF: 35 Total: 35</p> <p>Census payor type: Medicare: 5 Medicaid: 19 Other: 11 Total: 35</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on</p>	F000000	By submitting the following material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective March 22, 2014 to the state findings of the recertification and state licensure survey. I am requesting paper compliance.	

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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F000242 SS=D	<p>February 28, 2014; by Kimberly Perigo, RN.</p> <p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents were able to make choices significant to them in relation to showers and when to get up in the morning for 2 out of 7 residents reviewed for choices in a sample of 7 who met the criteria for choices. (Resident #9 and Resident #26)</p> <p>Findings include:</p> <p>1). On 2/19/2014 at 9:30 a.m., the clinical record was reviewed for Resident #9. Diagnosis include but were not limited to: congestive heart</p>	F000242	It is the intent of this facility to respect the rights of the residents to make choices about aspects of his/her life in this facility that are significant to the resident. These rights include what time to get up in the morning, bed time and showers. All alert and oriented residents have the potential to be affected. Resident #9 has been interviewed regarding her wishes regarding time to get up, bedtime and showers. Response to the interview have been acknowledged and placed on the CNA Resident Status Sheets and information has been placed in the communication book on the unit to ensure information is accessible to all staff. Resident #26 has been interviewed regarding her wishes regarding	03/22/2014	

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	<p>failure, atrial fibrillation, chronic obstructive pulmonary disease, hypothyroidism, diabetes mellitus, spinal stenosis, and neuropathy.</p> <p>The quarterly MDS (Minimum Data Set) assessment, completed on 1/23/2014, assessed Resident #9's BIMS (Brief Interview of Mental Status) score as a 15 out of a score of 0-15. This score indicated she was cognitively intact and interviewable.</p> <p>On 02/19/2014 at 9:41 a.m., an interview with Resident #9 indicated she doesn't choose when to get up in the morning. She indicated, "They get me up at a little after 6:00 a.m." Resident #9 indicated when she lived at home she got up at 8:00 a.m. She indicated she would rather get up at 8:00 a.m.</p> <p>On 02/19/2014 9:42 a.m., an interview with Resident #9 indicated she would like to have more showers than twice a week. Her current shower records indicated she gets a shower twice a week.</p> <p>On 2/20/2014 at 11:00 a.m., an interview with the Activities Director indicated she assesses the resident's preferences and choices</p>		<p>time to get up, bedtime and showers. Response to the interview have been acknowledged and placed on the CNA Resident Status Sheets and the information has been placed in the communication book on the unit to ensure information is accessible to all staff. The corrective action taken for those residents with the potential to be affected by the deficient practice is a facility wide audit of all alert and oriented residents. All alert and oriented residents will be interviewed as well on their choices of times to get up in the morning, bedtime, and showers by the Activities director or designee. This information will be forwarded to the DON/designee and placed on the CNA Resident Status Sheet and placed in the communication book of the corresponding unit to ensure that the information is accessible to all staff. The systemic change that have been put in place is that resident preferences will be discussed on admission and updated on the quarterly MDS, the annual MDS, and with any Significant change MDS, and as needed by the Activities director or designee. All new information will be forwarded to the DON/designee for placement onto the CNA Resident Status Sheet and placed in the communication book of the corresponding unit to ensure that the information is accessible to all</p>				

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	<p>on admission and annually.</p> <p>On 2/20/2014 at 11:32 a.m., the Activities Director provided a copy of Resident #9's undated MDS Section F "Preferences for Customary Routine and Activities." At that time, she indicated this is the only tool she uses to determine resident's preferences. This tool indicated how important certain activities are for the residents. This tool did not address preferences related to showers nor when residents want to get up in the morning.</p> <p>On 2/20/2014 at 12:04 p.m., an interview with the DoN (Director of Nursing) indicated the only tool they use for monitoring preferences is the MDS Section F.</p> <p>On 2/20/2014 at 11:58 a.m., the Activities Director provided the facilities "Activities Progress Note Form" for Resident #9 dated 11/11/2013. The progress note for preferences indicated, "to choose own clothes, spouse help her, care for taking shower, families involved, snacks between meals, bed about 9:30, likes to read, keep up with news enjoys groups, and attend religious practice."</p>		<p>staff. The Social Service Director will continue to provide to all new admissions with a residents rights packet with the above mentioned rights included on page 33. All new residents will sign that the packet was received and explained. Completion Date 3/22/2014 We are requesting an Informal Dispute Resolution for tag F242. Reasonable Accommodation of Need/Preferences. Loogootee Healthcare and Rehabilitation Center does accommodate the needs and preferences of our residents. Our admission nursing assessment asks what the resident's preference is concerning waking in the mornings and bedtimes at night. On admission residents are given a copy of the "residents rights" and on page 33 of those rights it explains that they may have preferences. We had a policy and procedure in place that said all preferences from residents would be put into the nursing communication book. We had an example of a resident who arises at 8:00 A.M. each morning and therefore is given all meals at a two hour delay from the regular serving time. This information has been documented in their charts and the staff has been informed of their preferences and will continue to respectfully make and changes as each individual request.</p> <p>Q.A. Tool</p>				

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	<p>On 2/21/2014 at 9:30 a.m., an interview with the Administrator indicated "No, we don't have anyone that goes around and asks the residents if their preference has changed. We probably should, but with a facility this small, we don't do that."</p> <p>Interview with DON on 2/21/14 at 9:50 a.m., when asked if there was anyone that checks to see if the resident's preference had changed, she indicated the facility staff does not go around and ask residents what their preference are every 3 months, because their preference can change every week. When referring to the resident interviews regarding morning time choices and indicating there were a lot of residents that did not like to get up early in the morning, she indicated, "They don't like to get up early? Ok." DON then went to look for examples of resident's whose preference of morning time has changed. The facility could not provide any morning time preference lists or examples.</p> <p>2). Resident # 26's clinical record was reviewed on 2/19/14 at 3:43 p.m.</p>		<p>INDICATOR SELF-DETERMINATION COMMENTS</p> <p>Through observation of the nursing department answer the questions below. Place a "Y" for yes or an "N" for no. Review the outcomes to determine if additional interventions are warranted.</p> <p>1. Upon observation of the audit tool a complete facility audit was completed for all residents who have a BIM score of 8 or above to inquire if any had a personal preference for times to arise in the morning and for bed time and showers.</p> <p>2. Upon observation a Tool was made for Activities (DON designee) to include this in her quarterly audits.</p>				

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	<p>Diagnosis included, but not limited to, dementia, hypertension, pernicious anemia, osteoporosis, urinary incontinence, hypothyroidism, and breast cancer.</p> <p>The most recent quarterly Minimum Data Set (MDS) assessment, dated 11/14/13, indicated the Brief Interview Mental Status (BIMS) was a 10. A score of 8-15 indicated the resident was interviewable.</p> <p>On 2/20/2014 at 11:32 a.m., the Activities Director provided a copy of Resident #26's undated MDS Section F "Preferences for Customary Routine and Activities." At that time, she indicated this is the only tool she uses to determine resident's preferences. There is nothing in MDS Section F "Preferences for Customary Routine and Activities" that indicated morning time preference.</p> <p>Interview with Resident #26 on 2/19/14 at 9:45 a.m., when asked if she chooses when to get up indicated, "No, they get me up at 5 a.m. I'm used to getting up at 7 a.m. 6 a.m. would be better, but they get me and my sister up at 5 a.m."</p>			

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	<p>On 2/21/14 at 9:30 a.m., the Administrator provided examples of food preference and shower preference for Resident #26 and of other residents in the facility. When the Administrator was asked if there was any communication that shows where the resident's preference changes were regarding getting up in the morning, she indicated, "No, we don't have anyone that goes around and asks the residents if their preference has changed. We probably should, but with a facility this small, we don't do that."</p> <p>Interview with DON on 2/21/14 at 9:50 a.m., when asked if there was anyone that checks to see if the resident's preference had changed, she indicated the facility staff does not go around and ask residents what their preferences are every 3 months, because their preference can change every week. When referring to the resident interviews regarding morning time choices and indicating there were a lot of residents that did not like to get up early in the morning, she indicated, "They don't like to get up early? Ok." DON then went to look for examples of resident's whose preference of morning time has changed. The facility could not</p>			

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F000371 SS=F	<p>provide any morning time preference lists or examples.</p> <p>3.1-3(u)(3)</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 1. Based on observation, interview, and record review, the facility failed to ensure staff used proper handwashing and failed to dry cooking equipment before preparing food, in that staff was observed not to wash their hands or allow cooking equipment to dry before using as indicated by facility policy. This deficient practice had the potential to affect 13 out of 35 residents being served a pureed diet from the kitchen. 2. Based on observation, interview, and record review, the facility failed</p>	F000371	It is the intent of this facility to store, prepare, distribute and serve food under sanitary conditions. The 2567 indicated that the issues identified during the survey had the potential to affect 35 of the 35 residents, the dietary manager and dietary employee #1. Please note that none of these individuals have displayed a negative outcome/illness as a result of these findings. The maintenance personnel wrapped the water pipe going into the dishwasher to keep water temperatures at a higher level prior to the survey. The dietary staff is consistently documenting the dishwasher temperatures to ensure they	03/22/2014

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	<p>to ensure that proper monitoring of dishwasher temperatures were documented as indicated by the facility policy. This deficient practice had the potential to affect 35 out of to 35 residents that were served meals from the kitchen.</p> <p>Findings include:</p> <p>1. On 2/18/14 at 9:55 a.m., observed frost bitten ham inside a baggie in the freezer with a date of 8/16/13. There was a large ziplock baggie in the refrigerator with discolored and liquid celery dated 1/25/14, wilted lettuce in a large baggie dated 1/28/14, and salad in a large baggie no date with wilted lettuce. Observed the DM (Dietary Manager) to remove the celery, ham, and salad from the refrigerator and freezer throwing them in the trash.</p> <p>On 2/20/14 at 9:51 a.m., the ADM (Administrator) provided "Food and Non-Food Storage" Policy 7.7 revised 2011. "Subject: Guide to Storage Times and Temperatures. Policy: Foods are stored at correct refrigerated/frozen temperatures for specified lengths of times. ... Opened containers of prepared convenience foods Coleslaw-Salads</p>		<p>reach 120 degrees with each load of dishes. Staff has been inserviced on proper hand washing during prep time, proper storage of food items, and proper disposal of outdated foods. Dietary staff has been inserviced also on policy and procedure for allowing utensils to air dry and the procedure from the infection control manual for task performance which includes washing of hands for food preparation. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken; A house wide audit of all residents and staff members has been conducted. No residents and/or staff members were found to have been affected by these findings. The maintenance personnel wrapped the water pipe going into the dishwasher to keep water temperatures at a higher level prior to survey. The dietary staff is consistently documenting the dishwasher temperatures to ensure they reach 120 degrees with each load of dishes. Staff has been inserviced on proper hand washing techniques, proper storage of food items, and proper disposal of outdated foods. Dietary staff has been inserviced also on policy and procedure for allowing utensils to air dry and the procedure from the infection control manual for task performance which includes when</p>		

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	<p>... 3 days. ...Subject : Refrigerated and Frozen Storage ... 12. For storage of leftover foods, refer to Policy 8.14." This information, Policy 8.14, was not provided upon request.</p> <p>During the kitchen observation on 2/19/14 at 10:15 a.m., Cook #1 was observed to enter the dishwashing room with puree pot and place it in the dishwasher. She then remove the pot from the dishwasher and return to the kitchen. No handwashing was observed. Cook #1 then placed the pot on the machine and proceeded to pour chicken into the pot. The clean pot was observed to have standing water in bottom of the pot. When asked if food can be pureed in a wet pot Cook #1 indicated, "Do I have to let it dry?" When asked if the pot can have standing water in it when food is placed in it, Cook #1 indicated, "No." The DM indicated to Cook #1, "You have to wash the pot again." Cook #1 removed the pot from the machine and entered the dishwashing area, placed the pot on a rack and put in the dishwasher. No handwashing was observed. Cook #1 returned to the kitchen area until the dishwashing cycle was complete. Cook #1 was</p>		<p>to wash hands during food preparation. Measure to be put into place or systemic changes that will be made to ensure that the deficient practice does not recur; A Mandatory inservice has been conducted for the dietary staff on proper hand washing, food storage, obtaining acceptable temperature for washing and rinsing dishes, logging of those temperatures and monitoring the PPM for chemicals. The inservice also included policy and procedure for air drying utensils, hand washing while preparing foods, and food storage and proper disposal of outdated foods. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place/ A Quality Assurance tool which has been developed and implemented to check for hand washing during prep times, proper storage of food, proper disposal of outdated food, proper air drying of utensils, and acceptable temperatures for washing and rinsing and ppm for chemicals. In addition an auditing tool has been developed and implemented to observe those deficient practices. The monitoring will be done by the food service manager weekly for four weeks, then monthly for three months and then quarterly for three quarters. Additional education and/or counseling will</p>	

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	<p>then observed to enter the dishwashing area to get the puree pot and sit it up on the clean side of the dishwashing area to air dry. No handwashing was observed. When asked if handwashing was done after touching the dirty side of the dishwashing area and going to the clean side to remove dishes , Cook #1 indicated, " Yes, there is a sink in the dishwashing area and I used it."</p> <p>On 2/19/14 at 10:29 a.m., interview with the DM (dietary manager) indicated, " The policy is to air dry pots and pans. We have a rack in back to let them dry. Oh yeah, no towel drying." When asked if it had to be completely dried. " Yes, it should be."</p> <p>On 2.19/14 at 11:03 a.m., the DM provided the current policy and procedure for "Hand Washing All Staff", dated 2/2013. " Policy: It is facility policy to follow regulations regarding hand washing. ... 1. ... using hand washing sink in kitchen."</p> <p>On 2/19/14 at 11:03 a.m., the DM (dietary Manager) provided the current policy #9.43 "Environmental Sanitation/Infection Control " revised dated 2011. "... 6. After removing all debris, the equipment is rinsed in</p>		<p>be provided if any areas of concern are identified. The Quality Assurance tools will be reviewed at the facility Quality Assurance meeting to determine if additional action is warranted. Completion Date: 3/23/2014 Quality Assurance Tool F-371</p> <p>1. Upon observation of the dishwasher during the cleaning of dishes, the machine is in proper working order and is cleaning the dishes at an acceptable temperature level of at least 120 degrees. 2. Upon observation of the dietary staff during food preparation, staff is washing their hands utilizing acceptable standards of hand washing techniques. 3. Upon observation all food items are dated with an expiration date and discarded if appropriate. 4. Upon observation all equipment is air dried prior to being used.F371 AddendumThe inservice education for this tag will be provided to all new employees upon hire.The monitoring will include observation across all shifts, including weekends.</p>				

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	<p>clean hot water, ...,submerged in a sanitizing solution and soaked for one minute ..., then allowed to air dry."</p> <p>On 2/19/14 at 10:15 a.m., Cook #1 was then observed touching her clothing while dipping chicken broth into a measuring cup and the DM indicated to her, " You just touched your clothes." Cook #1 was then observed to walk over to the sink in the kitchen and handwash. Cook #1 then continued to dip broth. Cook #1 was then observed to scratch her face and continued to measure chicken for pureeing. No handwashing observed. When asked when should she handwash, Cook #1 indicated, "After you leave the dish room, after the use of utensil, after touching your face or hands." When asked if this was done, She indicated " Actually I don't remember scratching my face." When informed that she had scratched her face, Cook #1 continued to prepare food. No handwashing observed. When Cook #1 had completed dipping the broth and pouring it over the chicken in the pot, she was then observed to go over to the sink and handwash.</p> <p>On 2.19/14 at 11:03 a.m., the DM</p>			

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	<p>provided "INFECTION CONTROL-PROCEDURES" undated. " ... procedures for task performance in all departments ... 1. Hand washing ... A. Hand-washing 1. All personnel wash their hands to prevent the spread of infection and disease to residents, ...e. Before preparing/serving food, drinks, ... "</p> <p>On 2/20/14 at 9:51 a.m., the Administrator provided "Policy and Procedure for Hand Washing All Staff", dated 2/2013. The policy indicated, "...Procedure: 1. Wet hands with running warm water using hand washing sink in kitchen...3. Rub hands together vigorously for 20 seconds including between fingers covering all surfaces of hands..."</p> <p>2. During the kitchen observation with the DM (Dietary Manager) on 2/18/14 at 10:00 a.m., Cook #1 was observed to use the dishwasher. The wash temperature was observed to reach 119 degrees Fahrenheit and the rinse temperature was 100 degrees Fahrenheit. Cook #1 was then observed to run the dishwasher a second time and both temperatures reached 120 degrees Fahrenheit.</p>			

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	<p>On 2/19/14 at 10:43 a.m., DM provided dishmachine temperature chart for January and February 2014, indicated wash temperatures were 120-124, ppm's (<i>parts per million</i> / measures the mass of chemical in the water) were 100, and there was no rinse temperatures documented.</p> <p>Interview with the DM indicated, "If the temperature doesn't reach 120 we run it a second time or until it reaches 120. The service guy was just here and told us that 120 was the minimum temperature."</p> <p>On 2/24/14 at 12:07 p.m., interview with the dishwasher installer and maintenance attendance indicated when asked what the chemical ppm (parts per million) should be "Well it should be 50, or 50-75 but, the recommendation is 50." What is the chemical ppm is 100, "Theoretically that is too high. It's too much." When asked if the rinse cycle temperature affect the chemical in the dishwasher, "No, but it will affect the detergent for the cycle. Both temperatures is recommended to be 120 degrees."</p> <p>On 2/19/14 at 11:03 a.m., received from the DM "Environmental</p>						

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	<p>Sanitation/Infection Control Policy 9.54" revised date 2011. "... Warewashing (Commercial Dish Machine) Policy:</p> <p>A commercial dish machine certified by the National Sanitation Foundation is used following manufacturer's guidelines for proper washing and sanitizing of dishes and utensils.</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1. A low -or high-temperature dish machine is used according to manufacturer's operating procedures. 2. The dish machine is operated following standards for temperatures and sanitizing agents as follows: Wash Cycle ... Low-Temp Machine 120 degrees to 140 degrees F, Rinse Cycle ... 120 degrees F, Chemical Sanitizer ... 50 ppm of chlorine. 3. Wash and rinse cycles of the dish machine are recorded after each meal using "Dishmachine/Pan Sink Temperature Chart"form. 4. If using a low-temperature dish machine, the concentration of the sanitizer is tested and recorded. 5. Unusual temperatures or sanitizer levels are circled for follow up with corrective action and a supervisor is notified." 			

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	<p>On 2/21/14 at 1:56 p.m., received from the DM "Installation, Operation and Care of Model LT1 DISHWASHER" manual no date. "Water Supply Connection ... The recommended water supply temperature is 140 degree F (Fahrenheit); ... minimum temperature is 120 degree F." The DM also provided at that time a service report for the dishwasher dated 1/28/14 " ... 120 Wash Tank Temp, ... 50/ppm"</p> <p>3.1-21(i)(3)</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 Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>A). Based on observation, interview, and record review, the facility failed</p>	F000441	It is the intent of this facility to maintain an infection control	03/22/2014			

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	<p>to ensure infection control practices were followed related to hand washing while assisting residents as indicated by the facility policy. This deficient practice had to potential to affect 2 out of 2 residents randomly observed. (Resident #22 and Resident #37) (CNA #1)</p> <p>B). Based on observation, interview, and record review, the facility failed to ensure a residents coccyx treatment was completed by clean technique as the facility policy indicated for 1 of 1 residents reviewed for pressure ulcers. (Resident #2, LPN #1)</p> <p>Findings include:</p> <p>A). On 2/19/14 at 9:33 a.m., observation of CNA #1 walking down the B hall with a clear plastic bag with feces and trash inside, entered the C hall soiled utility room with trash, and came back out. No handwashing nor sanitizing observed. CNA #1 then entered Resident # 37's room to offer assistance, walked out, and entered room A7 to get assistance from another CNA. CNA #1 was then observed to walk back into Resident #37's room. No handwashing observed. CNA #2 and CNA #1</p>		<p>program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of diseases and infection. All residents of the facility have the potential to be affected. The corrective action taken to ensure that the deficient practice does not recur is that all staff will be inserviced on handwashing and the use of hand sanitizer between all residents and after any contact with a resident. The measure that has been put into place to ensure that that deficient practice does not recur is that a QA tool has been developed and implemented to monitor staff handwashing with return demonstration of all staff members followed by random return demonstrations of 3 staff members 5xwk x 1week; then 3staffmembers 3xwksx1week; then3 staff members 2xweek x1week then 3 staff members weekly with results reviewed at next QA meeting to determine the need for additional interventions required. LPN #1 was immediately inserviced on dressing changes and treatment procedures to include changing gloves and washing hands. All licensed nurses will be inserviced on treatment/dressing changes. The measure that has been put into place to ensure that that deficient practice does not recur is that a QA tool has been developed and implemented to</p>		

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	<p>were observed to put on glove(s) and helped Resident #37 into bed. No handwashing observed. CNA #1 then took off the gloves and left the room. No handwashing nor hand sanitizing observed. CNA #1 then entered the soil utilities room, came out, and entered Resident #22's room to assist Resident #22 to the bathroom. No handwashing observed upon entering the room. CNA #1 then put on gloves and strapped a gait belt onto Resident #22 to assist (gender) to the bathroom.</p> <p>On 2/19/14 at 9:50 a.m., interview with CNA #1 indicated when asked when should you hand wash, "When you take off your gloves, whenever you take a patient to the bathroom, and in between care, when passing tray wash hands in between every 5th tray." When asked if she hand washed after emptying soiled trash, "Yes, I did for 20 seconds, I guess I count fast." When asked if she washed her hands upon entering Resident #37 and Resident 22's room and before and after provide care, CNA #1 indicated, "No."</p> <p>On 2.19/14 at 11:03 a.m., the DM provided "INFECTION</p>		<p>monitor staff performing treatment and dressing changes demonstrating appropriate handwashing and changing of gloves. Treatment/dressing monitoring will be 3 x week x2 week , then 2 x week x 2 weeks, then weekly x 2 weeks with results reviewed at next QA to determine need for additional interventions Completion Date: 3/22/2014 Handwashing Dressing/Treatment 3 staff 5xwx1wk 3xwx2wk 3 staff 3xwx1wk 2xwx2wk 3staff 2xwx1wk weekly x 2wk 3 staff weekly til QA Infection Control Through observation of the nursing department answer the questions below. Place a "Y" for yes or a "N" for no. Review the outcomes to determine if additional interventions are warranted. 1. Staff used proper handwashing techniques as evidenced by return demonstration. 2. Licensed nurses will show return demonstration for treatments to a wound. F441 Addendum to POCHandwashing policy and procedure will be inserviced upon hire of any new employees.The random return demonstrations will be conducted for 3 staff members 3xper week for 1 week, then 3 staff members 2 times week for 2 weeks and then 3 staff members weekly to include all shifts and to include the weekends with results reviewed at next QA meeting to determine</p>				

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	<p>CONTROL-PROCEDURES", undated. " ... procedures for task performance in all departments ... 1. Hand washing ... A. Hand-washing</p> <p>1. All personnel wash their hands to prevent the spread of infection and disease to residents, ...2. In brief, hands are washed: ... b. before and after resident care procedures, c. After removing gloves and other protective equipment and before touching next resident, ... i. After handling residents' belongings, j. After handling soiled linen, k. When in doubt if hand-washing is required: DO IT!"</p> <p>B). On 2/21/2014 at 9:05 a.m., an observation of Resident #2's treatment to her coccyx indicated LPN #1 washed her hands for 20 seconds, applied gloves and cleansed the open area to her coccyx with normal saline and gauze. LPN #1 then threw the gauze into the trash, measured the pressure ulcer, then obtained cream and applied to Resident #2's stage 2 (According to the NPUAP staging system for pressure ulcers defined a stage 2 pressure ulcer as "partial-thickness loss of dermis appearing as a shallow, open ulcer with a red-pink wound bed, without slough.."), pressure ulcer (Damage</p>		the need for additional interventions required.	

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	<p>to the skin or underlying structures from compression of tissue and inadequate perfusion, according to Taber's Cyclopedic Medical Dictionary, 22nd Edition, copyright 2013).</p> <p>LPN #1 was not observed to change gloves, or hand sanitize between cleansing pressure ulcer, and reapplying cream to pressure ulcer.</p> <p>On 2/21/2014 at 9:15 a.m., an interview with LPN #1 indicated she forgot to change her gloves and hand sanitize between the treatment of Resident #2's pressure ulcer.</p> <p>On 2/21/2014 at 9:20 a.m., the ADON (Assistant Director of Nursing) provided the facilities current undated policy titled "DRESSING-CLEAN TECHNIQUE". The policy indicated... "PROCEDURE:.... 4. Remove soiled dressing and discard into designated waste receptacle 5. Remove gloves, wash hands, and put on a pair of clean gloves. 6. Cleanse wound with solution as specified by physician....."</p> <p>3.1-18(l)</p>			

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F000456 SS=F	<p>483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION</p> <p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. Based on observation, interview, and record review, the facility failed to ensure that proper monitoring of dishwasher temperatures were documented as indicated by the facility policy. This deficient practice had the potential to affect 35 out of 35 residents that were served meals from the kitchen.</p> <p>Findings include:</p> <p>During the kitchen observation with the DM (Dietary Manager) on 2/18/14 at 10:00 a.m., Cook #1 was observed to use the dishwasher. The wash temperature was observed to reach 119 degrees Fahrenheit and the rinse temperature was 100 degrees Fahrenheit. Cook #1 was then observed to run the dishwasher a second time and both temperatures reached 120 degrees Fahrenheit.</p>	F000456	<p>It is the intention of this facility to maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. The 2567 indicated that the issues identified during the survey had the potential to affect 35 of the 35 residents, please note that none of these individuals have displayed a negative outcome/illness as a result of these findings. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken; A house wide audit of all residents has been conducted. No residents were found to have a negative outcome/illness based on the issues identified during survey. Measures to be put into place or systemic changes that will be made to ensure that the deficient practice does not recur; Prior to the survey the maintenance personnel had wrapped the water lines to enable the water</p>	03/22/2014

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	<p>On 2/19/14 at 10:43 a.m., DM provided dishmachine temperature chart for January and February 2014, indicated wash temperatures were 120-124, ppm's (<i>parts per million</i>) (measures the mass of chemical in the water) were 100, and there was no rinse temperatures documented.</p> <p>Interview with the DM indicated, "If the temperature doesn't reach 120 we run it a second time or until it reaches 120. The service guy was just here and told us that 120 was the minimum temperature."</p> <p>On 2/24/14 at 12:07 p.m., interview with the dishwasher installer and maintenance attendance indicated when asked what the chemical ppm (parts per million) should be, "Well it should be 50, or 50-75 but the recommendation is 50." What is the chemical ppm is 100, "Theoretically that is too high. It's too much." When asked if the rinse cycle temperature affect the chemical in the dishwasher, "No, but it will affect the detergent for the cycle. Both temperatures is recommended to be 120 degrees."</p> <p>On 2/19/14 at 11:03 a.m., received</p>		<p>temperatures to stay stable once the desired temperature was reached for use. A mandatory inservice has been conducted for all dietary staff on the location and use of the fill button to reach at least 120 degrees prior to placing a rack of dishes for washing. Also on the log sheet that said PPM "OR" temperature for rinse we changed it to say PPM "AND" Temperature for rinsing. The ppm will still be recorded and the amount will be between 50 and 100 ppm. Anything below or above will be reported to the company that furnishes and maintains settings for our dish machine. How the corrective action will be monitored to ensure the deficient practice will not recur; i.e., what quality program will be put into place; The temperatures will continue to be monitored and recorded by dietary staff. A temperature Quality Assurance tool, which has been developed and implemented to check water temperature logs. This tool will be completed by the Administrator and/or her designee weekly for four weeks, then monthly for three months, and then quarterly for three quarters. Additional education and/or counseling will be provided if any areas of concern are identified. The Quality Assurance tools will be reviewed at the facility Quality Assurance meeting to determine if additional action is warranted. Completion Date 3/22/2014</p>	

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	<p>from the DM "Environmental Sanitation/Infection Control Policy 9.54" revised date 2011. "... Warewashing (Commercial Dish Machine) Policy:</p> <p>A commercial dish machine certified by the National Sanitation Foundation is used following manufacturer's guidelines for proper washing and sanitizing of dishes and utensils.</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1. A low -or high-temperature dish machine is used according to manufacturer's operating procedures. 2. The dish machine is operated following standards for temperatures and sanitizing agents as follows: Wash Cycle ... Low-Temp Machine 120 degrees to 140 degrees F, Rinse Cycle ... 120 degrees F, Chemical Sanitizer ... 50 ppm of chlorine. 3. Wash and rinse cycles of the dish machine are recorded after each meal using "Dishmachine/Pan Sink Temperature Chart"form. 4. If using a low-temperature dish machine, the concentration of the sanitizer is tested and recorded. 5. Unusual temperatures or sanitizer levels are circled for follow up with corrective action and a supervisor is notified." 		<p>Quality Assurance Tool F 456 Directions: Through observation of the dietary department answer the questions below. Place a "Y" for yes or an "N" for no. Review the outcomes to determine if additional interventions are warranted. INDICATOR DIETARY EQUIPMENT COMMENTS 1. Upon observation of the dishwasher temperature log sheet, proper dishwashing temperatures of a least 120 degrees have been recorded for each meal time. 2. Upon observation of the dishwasher during the cleaning of dishes the dishwasher temperature is at least 120 degrees for both the wash and rinse cycle. 3. Upon observation of the dishwasher during the rinse cycle the PPM will not go under 50 ppm or over 100 PPM.F0465 Addendum to POCMonitoring of this tag will include observation across all meals, including weekends. IDR F456 We are also asking for an Informal Dispute Resolution for tag F456' 483.70 (c) (2) Essential Equipment, safe operating condition. Martin County Realty d/b/a/ Loogootee Healthcare and Rehabilitation Center acted within the scope of F456. Our dishwasher is a low temperature machine and uses a chemical sanitation method. The dishwasher was noted to not always be at the 120 degree</p>				

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	<p>On 2/21/14 at 1:56 p.m., received from the DM "Installation, Operation and Care of Model LT1 DISHWASHER" manual no date. " Water Supply Connection ... The recommended water supply temperature is 140 degree F (Fahrenheit); ... minimum temperature is 120 degree F." The DM also provided at this time a service report for the dishwasher dated 1/28/14 " ... 120 Wash Tank Temp, ... 50/ppm"</p> <p>3.1-19(bb)</p>		<p>temperature when first being used or when machine sat idol for a length of time between meals. When that was the case the dietary staff was instructed to use the fill button to run the water to the recommended temperature before putting a rack of dishes in to be washed.</p>		