STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155280	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 02/02/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERS OF DILLSBORO-ROSS MANOR THE	12803 LENOVER ST DILLSBORO, IN 47018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	This visit was for a Recertification and State Licensure Survey. Survey dates: January 30, 31, February 1, and 2, 2012 Facility number: 000178 Provider number: 155280 AIM number: 100273840 Survey team: Cheryl Fielden RN, TC Jill Ross, RN Janie Faulkner, RN Diana Sidell, RN Census bed type: SNF/NF: 99 Total: 99 Census payor type: Medicare: 14 Medicaid: 75 Other: 10 Total: 99 Sample: 20 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed 2/8/12	F0000	February 20, 2012 Enclosed please find the plan of correction for the Waters of Dillsboro Ross Manor's recertification and state licensure survey dated February 2, 2012. We respectfully request a desk review for this survey. Please review our plan of correction and accept this as proof of compliance. Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Cathy Emswiller RN			

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F0252 SS=E	The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.			
	Based on observation and interview, the facility failed to provide a safe, clean, functional, sanitary, and comfortable environment for residents, staff and the public in that in resident rooms, showers, chapel and common areas there was chipped paint, cracks in the walls, holes in ceiling tiles, dirty light covers, plastic over air vents, stained ceiling tiles, dirty windows, chipped floor tile and white residue on floors. This affected 28 out of 66 resident rooms, 2 out of 5 showers, and 3 out of 4 dining rooms during 2 of 4 environmental tours. Findings included: During the environmental tour on 1/30/12 from 2:00 PM to 4:00 PM with the Maintenance Supervisor, Administrator and Housekeeping Supervisor the following were identified: - in room 2 there was a plugged toilet that had 2 signs hanging near the toilet, 1 on the wall behind the toilet and 1 on the bathroom door that read " Don't use toilet plugged" -in room 3 there were cracks in the bathroom walls 3-6 inches from the	F0252	February 20, 2012 Enclosed please find the plan of correction for the Waters of Dillsboro Ross Manor's recertification and state licensure survey dated February 2, 2012. We respectfully request a desk review for this survey. Please review our plan of correction and accept this as proof of compliance. Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission or agreement by this facility of the facts alleged or conclusions set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with state and federal laws. THIS FACILITY RESPECTFULLY REQUESTS CONSIDERATION FOR PAPER COMPLIANCE IN REGARDS TO F-252, F282, AND F-441. It is the intent of this facility to provide a safe, clean, functional, comfortable, sanitary, and homelike environment. 1. Actions Taken: All repair needs noted under this tag have been repaired. a. Room 2, the toilet was repaired the same day of the environmental tour, within minutes of being discovered. b. Room 3, bathroom walls were repaired and border installed	02/20/2012

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	ceiling all the way around. - in room 4 a brown stain was on the closet ceiling - 3 areas 6 inches in diameter - in room 6 there were 3 cracks in the front wall - one was 2 inches from the ceiling and 4 inches long slanting to the right, one was 2 feet down from the ceiling and 14 inches long and the last one was below the first one 8 inches and it was 12 inches long. The bathroom had broken and loose tile inside the door that measured 4 inches in diameter, and the chipped pieces of tile were laying in that area. - in room 8 there was chipped paint in the bathroom in the upper right corner. There were 3 small places 2 inches long just below the ceiling. There was one that was 9 inches long close to the corner with 4 cracks 2-3 inches long coming off the long one. - in room 9 the light cover in the bathroom had 3 dark areas, dime sized, on the light cover. -in room 15 there was chipped paint on 2 walls in the bathroom. The left wall had chipped paint, multiple small areas, all the way down the wall. The back wall had an		during the week of survey. c. Room 4, ceiling panels were repainted within 24 hours of the environmental tour. d. Room 6, the walls were repaired. The tile was replaced within 24 hours of the environmental tour. e. Room 8, the bathroom walls were repaired. f. Room 9, the light fixture was cleaned the same day of the environmental tour. g. Room 15, the bathroom walls have been repaired and painted. h. Chapel, all of the window sills were painted during the week of survey. i. Room 23, the ceiling tile was painted. j. Room 25, the ceiling tile was replaced. k. Room 27, the light fixture was cleaned within 24 hours after the environmental tour. l. Room 28, the plastic was removed during the environmental tour. m. Room 29, the plastic was removed during the tour, and the ceiling tile painted. n. Room 31, the door knob area was filled and painted. o. Room 35, the chipped paint was repaired/repainted, and the door knob area was filled and painted. p. Room 36, the register cover has been repainted. q. Room 40, the ceiling tile has been replaced. s. Room 43, the light fixture was cleaned during the week of survey. t. Room 44, the window sill was repainted. u. Room 45, the bathroom walls repaired/painted, the vanity top/sink repaired/sink	

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	area 6 inches in diameter that was chipping. - in the Chapel there was chipped paint on the window sills. The far right window sill had an area 4 inches long and 1 inch wide. The window next to it had 7 areas 1-3 inches in diameter. - in room 23 the ceiling tile was scratched over the bed 12 inches long - in room 25 there were 3 holes in the ceiling tiles, a 2" x 1" hole above the bed, a 1" x 3" in the center of the room, and 2 - 1" in diameter on the right side of the overhead light - in room 27 the overhead light cover in the resident room was dirty - in room 28 there was a plastic cover that was halfway off hanging from the ceiling air vent to redirect cool air The Maintenance Supervisor stated, "This was only a vent for air conditioning and was not needed for the heat." - in room 29 there was a brown spot over bed, 6 inches in diameter, on the ceiling tile and a plastic cover over the ceiling air vent. - in room 31 the door knob to the		replaced. v. Room 46, the light fixture cleaned during the survey week. w. Room 48, the closet door was filled in with wood putty and painted, the door knob area was filled and painted. x. Room 49, the wall behind the door has been repaired and a door stop installed, and the door frame was repaired and painted. y. Room 51, the floor tile was replaced. z. Shower room by room 51, the floor was cleaned during the week of survey. a1. Nurses station has been repaired/painted. b1. Room 65, the light cover was cleaned during the survey week. c1. Room 67, the light cover was repaired and motor ordered. d1. Room 69, the ceiling tiles were repainted. e1. Room 70, the entire floor has been re-tiled. f1. Room 71, the scrapes have been repainted. g1. Reflections shower room, the tile was replaced during the week of survey. 2. Other Identified: All residents have the potential to be affected. No other residents were identified. 3. Measures Taken: a. Maintenance Supervisor and/or designee will monitor for repair needs through our current system of reviewing maintenance request forms as staff members report repair needs. b. The Maintenance Supervisor completed an audit of all resident areas for other potential repair needs, and repaired any issues found during the audit. c. The	

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	bathroom had been changed but the areas, above and below the door knob were unpainted. They were in a half oval and 2" high (area was rough). - in room 35 there was chipped paint on the left wall in a 1 foot circumference area in the bathroom. The door frames from the floor up 2 feet had chipped paint. The area around the door knob in a half oval shape and up 2 inches was rough and not painted. - in room 36 there was chipped paint on the entire top of the register cover - in room 40 there were 4 places of holes in ceiling tiles around the light. Each was 1.5 - 2 inches in diameter. - in room 43 the light cover had 2 dark spots, quarter size and 2 dime sized. The Maintenance Supervisor said, "They are probably dirty. I'll get them taken care of." - in room 44 the window sill on the left side of the double window had an area 6" long and 1" wide at one end with it tapering to the end of chipped paint. - in room 45 there were 2 cracks on the left bathroom wall 12 inches long. They were 6 inches apart. There were 3 areas		Maintenance Supervisor/Designee will monitor the building with weekly audits, centering on a specific unit each week for any repairs not reported or found during daily routine rounds. Unit 1/Reflections will be audited the first week of every month, Station 2 will be audited the second week of each month, Station 3 the third week of each month, and Ross building the fourth week of each month. The audits will include the review of all resident areas in these units. After each unit review, all repair needs found will be addressed in a timely fashion. This will be an on-going process. 4. How Monitored: a. The Maintenance Director/Designee will review repair needs and completion dates with the Administrator/IDT in daily QA stand-up meetings. b. IDT will monitor/audit for areas of concern during daily rounds and these rounds will be reviewed in the daily QA stand-up meeting per the Administrator. c. All rounds/audits will be reviewed at the monthly QA meeting with the IDT for on-going progress; with the Medical Director during the Quarterly QA meeting. 5. The plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is February 20, 2012.	

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	of chipped paint in the window sill that were quarter size and 1 that was 1.5 inches round. The sink in the bathroom was stained brown 2 inches out from the drain all the way around. The sink vanity was pulled away from the wall 1 inch. - in room 46 the light cover had 6 dime sized brown areas During the environmental tour on 1/31/12 from 10:00 am to 11:30 am with the Maintenance Supervisor, the following were identified: - in room 48 there was a chunk 2" x 1" out of the closet door. There were sharp slivers of wood protruding from this area. The bathroom door around the door knob in a half oval shape 2" high has no paint and is rough. The Maintenance Supervisor said "The bathroom door handle had been changed and the area where the old handle had been was bigger than the new handle. This has happened in a lot of our rooms." - in room 49 There was a round area 1.5" on the wall behind the door where the door knob was hitting the wall when it was opened all the way. The Maintenance Supervisor said " We need to get door stops for a lot of our rooms. I will get these ordered." There was			

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	chipped paint on the room door frame and the bathroom door frame from the floor up 2 feet. The Maintenance Supervisor said, "That's from them going in and out with their wheelchairs. I will get my assistant to get started on this." - in room 51 there was a floor tile, 10" x 10" square, to the right as you went into the bathroom that was broken into pieces. - in the shower room by room 51 there was an area 18 inches long of dark residue. The Maintenance Supervisor reached down and was able to scrape some of it off with his fingernail. - the door frame on the right and the side of the edge of the half wall on the left going into the nurses station upstairs had paint chipped from the floor up 2 feet On "The Unit" the following were found: - in room 65 had 6 dime sized dark areas scattered over the light cover - in room 67 in the bathroom the ceiling light cover was loose and the fan was very loud. The Maintenance Supervisor said he would have to probably order another motor for it.			

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	- in room 69 in front of the window there were 3 brown areas 10 inches around on the ceiling tiles. - in room 70 there was one whole piece of tile (one square) missing from the floor left of the bed 2 squares from the wall. There was a white film on the floor 4 ft x 2 ft under the heater. (The heater was up off floor 6 inches.) The Maintenance Supervisor was able to remove some of the white film with a wet finger. He said he would let housekeeping know. On The Reflections unit the following were found: - in room 71 there were 2 areas 10 inches around with scraped paint. One was to the left of the privacy curtain and the other was to the right. The beds were on the other side of these areas. - in the shower room to the back wall 3" from the wall there were 2 small pieces, 1" square, of tile side by side missing and there was water standing in this place. 3.1-19(f)			

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F0282 SS=D	The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.			
	A. Based on record review interview the facility failed to ensure the physician orders were followed related to laboratory orders for medication monitoring for 1 of 20 residents reviewed in a sample of 20. (Resident #16) B. Based on observation, record review and interview the facility failed to ensure medications were administered as ordered by the physician for 1 of 20 residents reviewed in a sample of 20. (Resident #19) Findings include: A. Resident #16's record was reviewed on 1/30/12 at 2:50 p.m. The record indicated Resident #16 was admitted to the facility with diagnoses which included, but were not limited to, HTN (hypertension), dementia, and insomnia. Resident #16 did not have a physician's order for digoxin. Physician recapitulation orders for 12/1/11 through 12/31/11 included, but were not limited to: -Dilantin 100 mg po (by mouth) BID (twice a day), handwritten on MAR (Medication	F0282	It is the intent of this facility to ensure the physician orders are followed related to laboratory orders for medication monitoring. 1. Actions Taken: a. In regards to Resident #16: the physician was notified of missed laboratory order for Dilantin level. Nurse received new orders for Dilantin level. Dilantin level results received 1-31-12 and placed on resident #16 clinical record. Copy of resident #16 Dilantin level result given to surveyor. LPN #15 was educated/in-serviced in regards to following the Dr.'s orders for labs and completing the lab requisition correctly. b. In regards to Resident #19: the order for the Lidoderm 5% patch was clarified with physician. QMA #2 was educated/in-serviced on following the medication order as written and/or requesting Nurse to have the order clarified prior to administering 2. Other Affected: a. 100% audit of resident's clinical records to ensure laboratory results are in medical record. No other residents identified. b. 100% audit of resident receiving Lidoderm patches to ensure administration of medication is as ordered by physician. No other residents identified. 3. Measures Taken: a. In-serviced licensed nurses 1-31-12, 2-15-12, 2-16-12, 2-17-12 re: new	02/20/2012

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	Administration Record) Physician orders dated 12/6/11 at 1:00 p.m.: -Dilantin 100 mg po bid-seizures -check Dilantin level on Monday Laboratory order form-Comments-collection date 12/7/11, no time noted. -No Dilantin level drawn Physician order dated 12/29/11 at 4:00 p.m.: -Check chem and Dilantin level next week Laboratory order form-Comments-1/4/12-no time noted. -Complete metabolic panel -Digoxin The Laboratory results from the collection dated 1/4/11 at 11:20 a.m., included, but were not limited to: -Digoxin-0.10 ng/ml-low (reference level, 0.8-2.0 NG/ML) During an interview on 1/30/2012 at 3:45 p.m., the DON indicated Resident #16 was not on digoxin. The DON indicated the facility contacted the lab and no Dilantin level was drawn in December, 2011 or January, 2012.		physician orders for laboratory tests will be written on 24 hour report. The nurse who receives the physician order for laboratory test will complete the laboratory requisition. The oncoming nurse will review the laboratory requisition with the physician order to ensure the accuracy of the laboratory requisition. DON/Designee will review 24 hour reports and the clinical record five times weekly for new physician orders for laboratory tests. b. In-service above included confirming that physician's order for Lidoderm patch matches the MAR and the label on the product. When a resident refuses to have a Lidoderm patch removed, the qualified medication aide must notify the licensed nurse. The licensed nurse notifies the physician of resident refusal to have Lidoderm patch removed. The licensed nurse/qualified medication aide will indicate resident refusal by circled initials on the MAR and documenting on the back of MAR. DON/Designee will audit resident with physician's orders for Lidoderm patches for site placement matches physician orders and removal of Lidoderm patch per physician orders two times weekly. Monitoring/audits of Lidoderm patches site placement and removal per physician orders will continue every thirty days until this facility achieves thirty days with no	

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	B. During the medication pass observation on 2/2/12 at 8:25 a.m., Employee #2 QMA (Qualified Medication Aid) was observed removing a cloth like patch from Resident #19's left shoulder. Employee #2 QMA placed a lidoderm patch on an area of skin not previously covered on the left shoulder. The record of Resident #19 was reviewed on 2/2/12 at 2:40 p.m. The MAR included, but was not limited to, "Lidoderm 5% patch, apply 1 patch topically to RT (right) shoulder once daily, off at bedtime-pain". During the observation above, the Lidoderm patch remained on Resident #19's left shoulder at 8:25 a.m. During an interview at that time, Employee #2 QMA indicated the difference of a Lidoderm patch and a Fentanyl patch was the Lidoderm patch was cloth like and the Fentanyl patch was clear. Employee #2 QMA identified the patch removed was Lidoderm. During an interview on 2/2/12 at 11:20 a.m. the Chief Executive Officer [CEO] and DON indicated the diagonal line marked on the MAR is not an approved charting method for the MAR and both CEO and DON indicated they do not		deficiencies. 4. How Monitored: a. Administrator/designee will reveiw all audits for laboratory test in daily QA stand up meeting; monthly QA meeting with IDT and quarterly QA meeting with Medical Director. b. Administrator/Designee will revie w all audits as completed in the daily QA stand-up meeting; monthly in the QA meeting with the IDT; quarterly QA meeting with the Medical Director. 5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is 2-20-12.	

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	know what the diagonal line stands for. The facilities Policy and Procedure was reviewed on 2/2/12 at 11:30 a.m. The Policy and Procedure titled "General Guidelines for medication administration", section: "Standards of Practice for Medication Administration" revised on 7/26/2006 indicated the following: -Confirm that physician's order matches the MAR and the label on the product. Employee #4 LPN called Resident #19's physician on 2/12/2012 at 11:30 a.m. for an order clarification, the clarification read as follows: -Order clarification -Apply Lidoderm patch 5% to L (left) shoulder in a.m.-leave on 12 hrs & remove in p.m. 3.1-35(g)(2)			

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NAME OF PROVIDER OR SUPPLIER WATERS OF DILLSBORO-ROSS MANOR THE		STREET ADDRESS, CITY, STATE, ZIP CODE 12803 LENOVER ST DILLSBORO, IN 47018	

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F0441 SS=D	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. (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. (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. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.			
	Based on observation, record review, and interview, the facility failed to properly clean and store a nebulizer mask, tubing, reservoir and other equipment used,	F0441	It is the intent of this facility to properly clean and store nebulizer mask, tubing, reservoir, and other equipment used during a respiratory nebulizer treatment.	02/20/2012

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	during a respiratory treatment, for 1 of 3 residents observed for nebulizer treatments during the medication pass. (Resident # 67) Findings included: During observation on 1/31/2012 at 3:35 P.M., during a medication pass with Employee # 6/LPN, LPN # 6 administered a respiratory treatment to resident # 67 of Albuterol 0.83% with Atrovent 0.5 mg. Resident # 67 was observed to cough 3 times during the inhalation treatment and expelled yellowish tan secretions on the nebulizer mask. Resident # 67's nebulizer treatment ended at 3:55 P.M., Employee # 6/LPN was observed to turn off the nebulizer machine and place the nebulizer mask, medication reservoir, and the attached tubing in the plastic bag on the nightstand. Employee # 6/LPN did not clean or sanitize the equipment in any manner prior to putting the equipment in the plastic bag. During an interview on 1/31/2012 at 3:55 P.M., Employee # 6/LPN indicated staff changed the plastic bag, nebulizer mask, and tubing once every week. At that time, Employee # 6/LPN was observed to remove the nebulizer mask and tubing from the plastic bag, removed mask from		1. Action Taken: LPN #6 was educated/in-serviced in properly cleaning, air drying, and storing the nebulizer mask, tubing, reservoir, and other equipment following a nebulizer treatent. All nebulizer equipment (mask, tubing, and reservoir) and other disposable respiratory nebulizer equipment discarded. 2. Other Identified: All Residents who receive nebulizer respiratory treatments had nebulizer equipment discarded and new nebulizer equipment supplied. 3. Measures Taken: In-service on 2-15-12, 2-16-12, 2-17-12 for all licensed nurses regarding: proper cleaning, air drying, and storage of a nebulizer mask, tubing, reservoir, and other equipment used following a respiratory treatment. DON/ADON observed all licensed nurses for proper cleaning, air drying, and storing of nebulizer mask, mouthpiece, tubing, reservoir, and other respiratory equipment following a nebulizer treatment. DON/designee will observe a different licensed nurse 2 times weekly cleaning and storing nebulizer mask, mouthpiece, tubing, reservoir, and other respiratory equipment used during a nebulizer treatment. If no deficiency is observed during the licensed nurse observations of cleaning and storing of nebulizer mask, mouthpiece, tubing, reservoir, and other respiratory nebulizer	

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	the medication reservoir, walked to the sink and turned on water, rinsed the nebulizer mask and the medication reservoir in cold water for 30 seconds, took a clean paper towel and held the nebulizer mask and the medication reservoir with paper towel and shook them over the sink. Employee # 6/LPN then placed the nebulizer mask, the medication reservoir, and the tubing back in the same plastic bag on the nightstand at resident's bedside. On 2/1/2012 at 9:05 A.M., a document titled, "Nebulizer Therapy Policy: Nebulizer Therapy" was provided on 2/1/2012 at 9:02 A.M. by the ADON. This document included, but was not limited to: Responsibility: All Licensed Nursing Personnel Equipment: 5. Plastic bag Procedure 13. Store nebulizer and mouthpiece/mask in plastic bag. An additional document was provided by the ADON on 2/1/2012 at 9:02 A.M. with the date 2/25/10. The document included, but was not limited to: ACTION PLAN,		equipment in thirty days, these observations will cease. Monitoring observations will continue every thirty days until this facility achieves thirty days with no deficiencies. An annual competency/evaluation will be completed for all licensed nurses. 4. How Monitored: Administrator/Designee will review/audit all observations/competencies as completed in the daily QA stand-up meeting with the IDT. DON/designee will complete a quarterly summary audit to be presented to the QA&A Committee and Medical Director related to licensed nurse(s) proper cleaning, air drying, and storage of nebulizer mask, mouthpiece, tubing, resrvoir, and other respiratory equipment following a nebulizer treatment. 5. This plan of correction constitutes our credible allegation of compliance with all reguatory requirements. Our date of compliance is 2-20-12.	

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	PROBLEM * Nebulizer Cleaning P & P ^[changed] to the following STEPS TO CORRECT #1 Remove mouth piece or mask & T connector from cup. Remove tubing & set aside. Rinse the mask or mouth piece & T connector in warm running H2O[water] for at least 30 sec[seconds]. #2 Shake off excess H2O, Air dry on a clean cloth or paper towel #3 Put mask or the mouthpiece & T-connector, cup & tubing back together & connect the device to the machine Run machine for 10-20 sec to dry inside of nebulizer #4 Disconnect the tubing from the machine. Store all supplies in set-up bag". During an interview with Employee # 6/LPN at 9:30 A.M. on 2/1/2012, the LPN stated, "I don't remember seeing those documents before." On 2/1/2012 at 2:30 P.M., interview with Director of Nursing regarding which document is their Policy and Procedure related to nebulizer cleaning and infection control. The Director of Nursing stated, "this document titled ACTION PLAN is our current policy and procedure, I looked this up on the Internet after my conversation with you before and changed our policy effective 2/25/10 as that was our target date for all nurses to be			

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	inserviced on our new policy and procedure for nebulizer cleaning." 3.1-18(a)			