

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155780	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/01/2013
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NAME OF PROVIDER OR SUPPLIER  MADISON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7465 MADISON AVE INDIANAPOLIS, IN 46227
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00138112.</p> <p>Complaint IN00138112 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 21, 22, 23, 24, 25, 28, 29, 30, 31 &amp; November 1, 2013.</p> <p>Facility number: 012225 Provider number:155780 AIM number: 200983560</p> <p>Survey team: Marcy Smith, RN - TC Patti Allen, SW Diana Zgonc, RN (10/23, 10/24, 10/28, 2013)</p> <p>Census bed type: SNF: 18 NF: 59 Total: 77</p> <p>Census payor type: Medicare: 16 Medicaid: 48 Other: 13 Total: 77</p>	F000000	11-21-2013 The facility respectfully requests the plan of correction be considered for a desk review and compliance. Attached are supportive documents to supplement the our request. MADISION HEALTH CARE CENTER By, Randy Hornstein Administrator	

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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	<p>Complaint sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on November 08, 2013; by Kimberly Perigo, RN.</p>			

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F000248 SS=D	<p>483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES</p> <p>The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents who were unable to participate in or refused to attend scheduled activities, were provided with individualized activities according to their plans of care for 2 of 3 residents reviewed for activities in a sample of 9 who met the criteria for activities review. (Resident #57 and #121)</p> <p>Findings include:</p> <p>1. The clinical record of Resident #57 was reviewed on 10/29/13 at 8:51 a.m.</p> <p>Diagnoses for Resident #57 included, but were not limited to Alzheimer's disease, senile dementia, and difficulty walking.</p> <p>Resident #57 was admitted to the facility on 2/14/13.</p>	F000248	<p>The activity assessments and care plans for residents #57 and #121 were reviewed and updated by the activity director to ensure they reflect the residents' current condition. All residents who are unable to participate in a group activity either by personal preference or medical conditions are at risk for this deficient practice. The activity assessments, care plans and attendance records for residents whose personal preference or condition prevents participating in group activities were reviewed by the activity director and updated to reflect their current activity.</p> <p>Policies and procedures governing individualized activity participation were reviewed and documentation requirements were revised. The one-to-one in-room visitation log has been updated and will be used to document the participation levels of those residents whose activity preferences assessment and care plan indicate they would benefit from such a program. (Exhibit A) All activity care plan participation records were updated using the revised form to</p>	12/01/2013	

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	<p>A quarterly Minimum Data Set assessment, dated 7/24/13, indicated Resident #57 was severely impaired in her ability to make decisions.</p> <p>An Initial Activity Assessment, dated 2/14/13, indicated it was very important to Resident #57 to have books, newspapers, and magazines to read, to listen to music, to be around animals, such as pets, to keep up with the news, to do things with groups of people, to go outside during good weather, and to participate in religious services. Resident #57 was the primary respondent in this assessment, according to the documentation.</p> <p>A care plan, created 3/5/13 and current through 12/2013, indicated, "Resident enjoys activities such as watching television and shopping with own room and mall as preferred setting." The goal was, "Will express satisfaction with leisure choices and participation choices when asked by activity staff." Interventions included, "Assist in planning and/or encourage to plan own leisure time activities, encourage participation in group activities, offer calendar of scheduled activities for resident to select from, respect residents choices to activity</p>		<p>reflect the current activity preferences of each resident. The number and duration of visits as well as the resources used to facilitate the activity visits will be documented in the residents' care plan and recorded on the one-to-one In room visitation log. The activity director and activity assistant were re-inserviced on 11/20/13 by the administrtor. (Exhibit B) The administrator will monitor activity participation by reviewing the participation logs and a monthly activity participation summary provided by the activity director on a monthly basis. Findings will be reported at the monthly QAPI meeting on an ongoing basis. 12/1/13</p>				

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	<p>participation, format and settings."</p> <p>An Activity Progress Note, dated 5/12/13, indicated, "Resident participates in self initiated and occasionally in group activities of choice. Activity staff will continue to encourage and assist resident with activities of choice..."</p> <p>Daily Records of Resident Participation for August, September, and October (1 - 28), 2013, indicated Resident #57 received room to room visits daily. She was checked for active participation in socializing and television daily.</p> <p>In August, 2013, Resident #57 actively participated in 2 special events, 2 exercise events, 22 visitor occasions. She refused 1 outing. The boxes associated with participation in newspapers, pet visits, spiritual activities and outdoors were blank, which indicated she had not participated nor had she been invited and refused to attend during the month of August.</p> <p>September, 2013, Resident #57 actively participated in 1 special event, 1 outing, and she refused 1 religious activity offering. The boxes</p>			

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	<p>associated with participation in newspapers, in room arts, crafts, hobbies, pet visits, spiritual/religious activities, visitors, and outdoors were blank, which indicated she had not participated nor had she been invited and refused to attend during the month of September.</p> <p>October, 2013, (10/1/2013 - 10/28/2013) Resident #57 actively participated 17 visitor occasions, and refused 3 special events. The boxes associated with participation in newspapers, in room arts, crafts, hobbies, pet visits, spiritual/religious activities and outdoors were blank, which indicated she had not participated nor was she invited and refused to attend during the month of October.</p> <p>Resident #57 was not observed participating in any activities during the survey.</p> <p>2. The clinical record of Resident #121 was reviewed on 10/29/13 at 2:30 p.m.</p> <p>Diagnoses for Resident #121 included, but were not limited to, dementia with delusions, and depression.</p>			

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	<p>Resident #121 was admitted to the facility on 6/4/13. An admission Minimum Data Set assessment, dated 6/11/13, indicated the resident was independent with her decision making.</p> <p>An Initial Activity Assessment, dated 6/4/13, indicated it was very important for Resident #121 to do a favorite activity, go outside in good weather, and participate in religious services or practices. The assessment indicated it was somewhat important for her to have books, newspapers and magazines to read, listen to music, be around animals, such as pets, keep up with the news, and do things with groups of people.</p> <p>A care plan, created 5/7/13 and current through November, 2013, indicated, "Resident enjoys activities such as watching television and shopping with own room as preferred setting." The goal was, "Will express satisfaction with leisure choices and participation choices when asked by activity staff." Interventions included, "Assist in planning and/or encourage to plan own leisure time activities, encourage participation in group activities of interest, offer calendar of scheduled activities for resident to select from, respect residents choices</p>			

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	<p>to activity participation, format, and settings."</p> <p>A "Staff Assessment of Daily Activity Preferences" note, dated 6/8/13, indicated, "Nice lady who prefers in room self-initiated activities of choice. Will encourage to attend group activities of choice, and will assist &amp; encourage self-initiated activities of choice. Resident enjoys watching TV and getting fresh air."</p> <p>Daily Records of Resident Participation for August, September, and October (1 - 28) 2013, indicated Resident #121 received room to room visits daily. She was checked for active participation in socializing and television daily.</p> <p>In August, she attended 2 special events and refused 1 outing. The boxes associated with newspapers, magazines and reading, in room arts crafts, hobbies, pet visits and outdoors were blank, which indicated she had not participated, nor was she invited and refused to attend these activities during the month of August.</p> <p>In September, she attended 2 special events and 2 religious activities. The boxes associated with newspapers, magazines and reading, in room arts,</p>			

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	<p>crafts, hobbies, pet visits and outdoors were blank, which indicated she had not participated, nor was she invited and refused to attend these activities during the month of September.</p> <p>In October, she attended 1 special event. The boxes associated with newspaper, magazines and reading, in room arts, crafts, hobbies, pet visits and outdoors were blank, which indicated she had not participated nor was she invited and refused to attend these activities during the month of October.</p> <p>During an interview with Activity Director on 10/29/13 at 3:35 p.m., she indicated room to room visits consisted of greeting the residents in their room, asking how they were, and informing them of the activities of the day. She indicated "room to room visits" and "socialization" were basically the same thing. She indicated no actual activity took place during room to room visits. She indicated these visits lasted approximately 5 minutes.</p> <p>A facility policy, titled, "Quality of Life - Activities," dated August, 2006, received from the Administrator on 11/1/13 at 10:35 a.m., indicated, "...1.</p>			

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	<p>Individual activities are provided for individuals who have conditions or situations that prevent them from participating in group activities, or who do not wish to do so. 2. For those residents whose condition or situation prevents participation in group activities, and for those who do not wish to participate in group activities, the activities program provides individualized activities consistent with the overall goals of an effective activities program. The activities offered are reflective of the resident's individual activity interests, as identified in the Activity Assessment, progress notes and the resident's Comprehensive Care Plan. 3. It is recommended that residents on a full room visit program receive, at a minimum, three room visits per week. Typically a room visit is ten to fifteen minutes in length...4. Activities for residents with behavioral or emotional problems who cannot participate in group activities include:</p> <p>a. Uncomplicated activities that can be adapted to the level of the individual's attention span and function; b. Activities requiring short periods of concentration to reduce frustration; and c. Activities tailored to address specific underlying causes of the individual's behavioral or attention limitations (e.g. familiar</p>			

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	<p>occupation-related activities; exercise and movement activities, engaging the resident in conversation, and using one-to-one activities such as looking at familiar pictures and photo albums). 5. Residents who choose not to attend group activities will maintain an independent program. It is the responsibility of the facility and the activity staff to make regular contacts and offer supplies, as needed."</p> <p>3.1-33(a)</p>			

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F000272 SS=D	<p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following:                      Identification and demographic information;                      Customary routine;                      Cognitive patterns;                      Communication;                      Vision;                      Mood and behavior patterns;                      Psychosocial well-being;                      Physical functioning and structural problems;                      Continence;                      Disease diagnosis and health conditions;                      Dental and nutritional status;                      Skin conditions;                      Activity pursuit;                      Medications;                      Special treatments and procedures;                      Discharge potential;                      Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and                      Documentation of participation in assessment.</p> <p>Based on record review and interview, the facility failed to ensure a newly admitted resident was</p>	F000272	The skin assessment and MDS for resident #143 were reviewed and updated immediately by the assistant director of nursing and MDS nurse to ensure the assessments were a current	12/01/2013

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	<p>accurately assessed for pressure ulcers for 1 of 1 residents who met the criteria for review of pressure ulcers. (Resident #143)</p> <p>Findings include:</p> <p>The clinical record of Resident #143 was reviewed on 10/28/13 at 9:13 a.m.</p> <p>Diagnoses for Resident #143 included, but were not limited to, multiple sclerosis, obesity, and hemiplegia (paralysis on one side of the body).</p> <p>Resident #143 was admitted to the facility on 9/5/13. A Nursing Admission Assessment, dated 9/5/13, indicated a skin problem of, "slight redness arm folds, abdominal folds." A pressure ulcer risk assessment, done at that time, indicated the resident was a mild risk for developing a pressure ulcer.</p> <p>A Weekly Skin Condition Report, dated 9/6/13, indicated Resident #143 had a Stage 3 (full thickness tissue loss) pressure ulcer on her right buttock.</p> <p>During an interview with the Assistant Director of Nursing (ADON) on</p>		<p>reflection of the resident's current status. All residents identified as being at risk for skin breakdown and those meeting the criteria for review of pressure ulcers are at risk for this deficiency. All residents at risk for skin breakdown and those meeting the criteria for review of pressure ulcers were re-assessed to ensure their assessments were an accurate reflection of current condition. Policies and procedures for admission assessments were reviewed and in place to ensure a newly admitted resident is accurately assessed for pressure ulcers. Licensed nurses were re-educated on resident assessments and documentation at meetings held on 11/13/13 by the director of nursing. (Exhibit C) Specifically, nurse education includes a means of validating nurses' competency for accurately performing a skin assessment per facility policy and procedure. Nurses on all shifts will be asked to demonstrate a skin assessment on a current resident as a means of assessing learning. Further education will be given as needed. Learning will be documented. The same education is provided to new nursing staff upon hire during their job specific orientation. Ongoing monitoring will be conducted by the director of nursing or her designee who will</p>		

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	<p>10/28/31 at 11:45 a.m., she indicated on 9/6/13 the resident's son mentioned to her he wanted to be sure the facility was aware Resident #143 had a pressure ulcer. He indicated she had acquired it at the previous facility where she was residing. The ADON indicated she went to the resident's room immediately and reassessed her skin and found the Stage 3 pressure ulcer on her right buttock. She indicated she had to pull the skin of the buttocks apart in order to see it. She indicated treatment was started at that time. She indicated she did not know why the nurse who did the admission assessment on 9/5/13 did not document Resident #143 had a Stage 3 pressure ulcer. She indicated that nurse no longer worked at the facility.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 9/12/13, did not indicate Resident #143 had a pressure ulcer. During an interview with the MDS coordinator on 10/28/13 at 11:33 a.m., she indicated she did not document Resident #143 had a Stage 3 pressure ulcer because the Nursing Admission Assessment did not have that information. She indicated she would be making a correction immediately.</p>		<p>monitor by auditing the assessments of each new admission for completion and accuracy within 24 hours of admission with the exception of weekends and holidays whereby they will be audited by the next business day. A summary of findings will be provided the Quality Assurance and Performance Improvement Committee monthly on an ongoing basis. 12/1/13</p>		

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	3.1-31(c)(1)			

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F000282 SS=E	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>1. Based on record review and interview, the facility failed to ensure accuchecks and oxygen saturation checks were done for 1 of 5 residents reviewed for unnecessary medications. (Resident #2)</p> <p>2. Based on record review and interview, the facility failed to ensure oral care was provided for 2 of 2 residents who met the criteria for review of oral care.(Resident #41 and #9)</p> <p>3. Based on observation, record review, and interview, the facility failed to ensure activities were offered or provided to residents who were unable or unwilling to participate in the scheduled group activities for 2 of 3 residents reviewed for activities in a sample of 9 who met the criteria for activities review. (Resident #57 and #121)</p> <p>Findings include:</p> <p>1. a. The clinical record of Resident</p>	F000282	Physician orders, care plan and medication administration records for resident #2 were reviewed and updated as needed by the director of nursing to ensure they reflect the resident's current condition. Physician orders, care plans and personal care records for residents #41 and #9 were reviewed and updated as needed by the director of nursing to ensure they reflect the residents' current condition. The activity assessments and care plans for residents #57 and #121 were reviewed and updated by the activity director to ensure they reflect the resident's current condition. All residents are at risk for this deficient practice. All resident's medication administration records were reviewed for accuracy of order transcription and documentation of accuchecks and oxygen saturation checks and are a current reflection of a resident's condition. The care plans and personal care records for all residents needing assistance and or encouragement with oral care were reviewed for accuracy and documentation to ensure assistance with oral care is provided. The activity	12/01/2013

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	<p>#2 was reviewed on 10/28/13 at 3:30 p.m.</p> <p>Diagnoses for Resident #2 included, but were not limited to diabetes mellitus and chronic obstructive pulmonary disease.</p> <p>A care plan for Resident #2, initiated 6/19/12 and current through 1/14/13, indicated a problem of the resident having diabetes mellitus (a metabolic disorder associated with abnormally high levels of blood sugar). Interventions included, "Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness..."</p> <p>A care plan for Resident #2, initiated 6/19/12 and current through 1/14/13, indicated a problem of the resident having a potential nutrition problem related to a diagnosis of diabetes. Interventions included accuchecks (a finger stick blood test to measure blood sugar) as ordered.</p> <p>A recapitulated physician's order for October, 2013, with an original order date of 1/13/13, indicated resident was to receive Levemir insulin, 30 units, every morning. Insulin is a medication used to help control high blood sugar.</p>		<p>assessments, care plans and attendance records for resident's whose personal preference or condition prevents participating in group activities were reviewed by the activity director and updated to reflect their current activity needs. Policies and procedures governing physicians' orders, accuchecks and oxygen saturation levels, as reflected on the residents' care plan are up to date. Licensed nurses were re-educated at inservice meetings conducted 11/13/13 by the director of nursing. Policy and procedures for assistance and encouragement with oral care and accompanying documentation have been reviewed and found to be sufficient. The ADL (activity of daily living) documentation record was revised to include oral care. (Exhibit D) Nursing staff were re-educated regarding ADL documentation on 11/19/13 by the assistant director of nursing and director of nursing. (Exhibit F) Policies and procedures governing individualized activity participation were reviewed and documentation requirements revised. The 1:1 and in-room visitation log has been updated and will be used to document the participation levels of those residents whose activity preferences assessment and care plan indicate they will benefit from such a program. The number and duration of visits as</p>		

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	<p>A recapitulated physician's order for October, 2013, with an original order date of 6/4/12, indicated Resident #2 was supposed to receive accuchecks twice daily at 7:00 a.m. and 4:00 p.m.</p> <p>Review of a Blood Glucose Testing Log for October, 2013, indicated Resident #2's accuchecks were not done on October 3, (4:00 p.m.) 8, (7:00 a.m. and 4:00 p.m.) 14, (7:00 a.m.) 15, (7:00 a.m. and 4:00 p.m.) 17, (4:00 p.m.) 18, (7:00 a.m.) 20, (4:00 p.m.) 21 (7:00 a.m.) 22 (4:00 p.m.)</p> <p>During and interview with the Director of Nursing(DON) on 10/20/13 at 9:20 a.m., she indicated, "The accuchecks should have been done."</p> <p>b. Recapitulated physician's orders for September, 2013, with original dates of 8/12/13, indicated Resident #2 was to have oxygen at 2 liters per nasal cannula continuously and her oxygen saturation level (the amount of oxygen in the blood)was to be checked every shift.</p> <p>There was no documentation in Resident #2's record which indicated her oxygen saturation had been checked every shift in September. A</p>		<p>well as the resources used to facilitate the activity visits will be documented in the residents' care plan and recorded on the 1:1 in room visitation log. The director of nursing and or her designee will monitor by reviewing new physician orders at morning meeting; and monitor the record-keeping for accucheck and oxygen saturation levels for completion twice a week for two weeks; weekly for four weeks; and monthly thereafter using audit tool E. Results of those audits will be reported monthly at the QAPI meeting until such time the committee deems the progress requires less rigorous monitoring. The director of nursing or designee will audit ADL documentation including oral care, for compliance 3 times a week for two weeks; weekly for 4 weeks and then monthly thereafter using audit tool E. Results of those audits will be reported monthly at the QAPI meeting until such time the committee deems the progress requires less rigorous monitoring. The administrator will monitor activity participation by reviewing the participation logs and a monthly activity participation summary provided by the activity director ongoing. 12/1/13</p>				

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	<p>Nebulizer Flow Sheet for September, 2013, indicated her saturation was checked before and after her nebulizer treatments on September 1, 3, 4, 5, 6, 7, 10, 11, 16, 22, 23, 25, and 28, 2013. This flow sheet indicated her oxygen saturation had been checked only 16 times in September, out of 90 opportunities.</p> <p>During an interview with the DON on 10/30/13 at 9:20 a.m., she indicated she was not able to find any other oxygen saturation level checks done on Resident #2 in September. She indicated they should have been done, as ordered by the physician.</p> <p>2. A. The clinical record of Resident #41 was reviewed on 10/30/13 at 2:50 p.m.</p> <p>Diagnoses for Resident #41 included, but were not limited to, diabetes mellitus, Parkinson's disease, and depression.</p> <p>An annual Minimum Data Set (MDS) assessment, dated 7/31/13, indicated he had moderate cognitive impairment. The assessment indicated he needed extensive assist of 1 person for personal hygiene.</p> <p>During an interview with Resident #41</p>			

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	<p>on 10/22/13 at 9:34 a.m., he indicated he had some dental work done the previous week and he had a new plate. He indicated he tries to clean his teeth everyday, but he can't get the food out that gets stuck between his teeth and his gums. He indicated staff does not help him. He indicated sometimes it really hurt when he couldn't get the food out.</p> <p>An updated care plan for Resident #41, with an original date of 11/16/12, indicated he had natural teeth with some missing teeth. An intervention was, "Set up supplies for brushing of teeth, assist as needed."</p> <p>An updated care plan for Resident #41, with an original date of 11/16/12, indicated he, "Requires assist of 1 with adl's (activities of daily living) [related to] weakness, bil[atera] hand tremors. An intervention was, "Oral care bid." [twice a day]."</p> <p>There was no documentation in Resident #41's record which indicated staff had provided or assist with oral care.</p> <p>B. The clinical record of Resident #9 was reviewed on 10/31/13 at 9:48 a.m.</p>			

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	<p>Diagnoses for Resident #9 included, but were not limited to, degenerative joint disease, peripheral neuropathy, and depression.</p> <p>A quarterly MDS for Resident #9, dated 7/10/13, indicated she was not cognitively impaired and she was independent with her decision making. The assessment indicated she needed extensive assist of 1 person for personal hygiene.</p> <p>During an interview with Resident #9 on 10/24/13 at 11:25 a.m., she indicated the staff did not help her clean her teeth and they were probably only cleaned once a month.</p> <p>An updated care plan for Resident #9, with an original date of 10/22/12, indicated a problem of, "Requires assist of 1 with adl's [activities of daily living] [related to] weakness and decreased mobility." An intervention was, "oral care bid [twice a day]."</p> <p>An updated care plan for Resident #9, with an original date of 10/22/12, indicated a problem of, "Res[ident] has upper and lower dentures..." An intervention was, "Oral card bid, assist with brushing as needed and soaking of dentures."</p>			

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	<p>There was no documentation in Resident #9's record, which indicated staff had provided or assist with oral care.</p> <p>During an interview with the Director of Nursing on 10/30/13 at 3:16 p.m., she indicated the Certified Nursing Assistants do not document they do oral care. She indicated there are no forms or places for them to document this care. She indicated, "It should be done twice a day."</p> <p>3. A. The clinical record of Resident #57 was reviewed on 10/29/13 at 8:51 a.m.</p> <p>Diagnoses for Resident #57 included, but were not limited to, Alzheimer's disease, senile dementia and difficulty walking.</p> <p>Resident #57 was admitted to the facility on 2/14/13.</p> <p>A quarterly Minimum Data Set assessment, dated 7/24/13 indicated Resident #57 was severely impaired in her ability to make decisions.</p> <p>An Initial Activity Assessment, dated 2/14/13, indicated it was very important to Resident #57 to have</p>			

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	<p>books, newspapers, and magazines to read, to listen to music, to be around animals, such as pets, to keep up with the news, to do things with groups of people, to go outside during good weather, and to participate in religious services. Resident #57 was the primary respondent in this assessment, according to the documentation.</p> <p>A care plan, created 3/5/13 and current through 12/2013, indicated, "Resident enjoys activities such as watching television and shopping with own room and mall as preferred setting." The goal was, "Will express satisfaction with leisure choices and participation choices when asked by activity staff." Interventions included, "Assist in planning and/or encourage to plan own leisure time activities, encourage participation in group activities, offer calendar of scheduled activities for resident to select from, respect residents choices to activity participation, format and settings.</p> <p>An Activity Progress Note, dated 5/12/13, indicated, "Resident participates in self initiated and occasionally in group activities of choice. Activity staff will continue to encourage and assist resident with activities of choice..."</p>			

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	<p>Daily Records of Resident Participation for August, September, and October (1 - 28) 2013, indicated Resident #57 received room to room visits daily. She was checked for active participation in socializing and television daily.</p> <p>In August, 2013, Resident #57 actively participated in 2 special events, 2 exercise events, 22 visitor occasions. She refused 1 outing. The boxes associated with participation in newspapers, pet visits, spiritual activities and outdoors were blank, which indicated she had not participated nor was she invited and refused to attend during the month of August.</p> <p>September, 2013, Resident #57 actively participated in 1 special event, 1 outing, and she refused 1 religious activity offering. The boxes associated with participation in newspapers, in room arts, crafts, hobbies, pet visits, spiritual/religious activities, visitors, and outdoors were blank, which indicated she had not participated nor was she invited and refused to attend during the month of September.</p>			

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	<p>October, 2013, (10/1/2013 - 10/28/2013) Resident #57 actively participated 17 visitor occasions, and refused 3 special events. The boxes associated with participation in newspapers, in room arts, crafts, hobbies, pet visits,, spiritual/religious activities and outdoors were blank, which indicated she did not participate nor was she invited and refused to attend during the month of October.</p> <p>Resident #57 was not observed participating in any activities during the survey.</p> <p>B. The record of Resident #121 was reviewed on 10/29/13 at 2:30 p.m.</p> <p>Diagnoses for Resident #121 included, but were not limited to, dementia with delusions and depression.</p> <p>Resident #121 was admitted to the facility on 6/4/13. An admission Minimum Data Set assessment, dated 6/11/13, indicated the resident was independent with her decision making.</p> <p>An Initial Activity Assessment, dated 6/4/13, indicated it was very important for Resident #121 to do a favorite</p>			

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	<p>activity, go outside in good weather, and participate in religious services or practices. The assessment indicated it was somewhat important for her to have books, newspapers and magazines to read, listen to music, be around animals, such as pets, keep up with the news, and do things with groups of people.</p> <p>A care plan, created 5/7/13 and current through November, 2013, indicated, "Resident enjoys activities such as watching television and shopping with own room as preferred setting." The goal was, "Will express satisfaction with leisure choices and participation choices when asked by activity staff." Interventions included, "Assist in planning and/or encourage to plan own leisure time activities, encourage participation in group activities of interest, offer calendar of scheduled activities for resident to select from, respect residents choices to activity participation, format, and settings."</p> <p>A "Staff Assessment of Daily Activity Preferences note, dated 6/8/13, indicated, "Nice lady who prefers in room self-initiated activities of choice. Will encourage to attend group activities of choice, and will assist &amp; encourage self-initiated activities of</p>			

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	<p>choice. Resident enjoys watching TV and getting fresh air."</p> <p>Daily Records of Resident Participation for August, September, and October (1 - 28) 2013, indicated Resident #121 received room to room visits daily. She was checked for active participation in socializing and television daily.</p> <p>In August, she attended 2 special events and refused 1 outing. The boxes associated with newspapers, magazines and reading, in room arts crafts, hobbies, pet visits and outdoors were blank, which indicated she did not participate nor was she invited and refused to attend these activities during the month of August.</p> <p>In September, she attended 2 special events and 2 religious activities. The boxes associated with newspapers, magazines and reading, in room arts, crafts, hobbies, pet visits and outdoors were blank, which indicated she did not participate nor was she invited and refused to attend these activities during the month of September.</p> <p>In October, she attended 1 special event. The boxes associated with newspaper, magazines and reading,</p>			

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	<p>in room arts, crafts, hobbies, pet visits and outdoors were blank, which indicated she did not participate nor was she invited and refused to attend these activities during the month of October.</p> <p>During an interview with Activity Director on 10/29/13 at 3:35 p.m., she indicated room to room visits consisted of greeting the residents in their room, asking how they were, and informing them of the activities of the day. She indicated "room to room visits" and "socialization" were basically the same thing. She indicated no actual activity took place during room to room visits. She indicated these visits lasted approximately 5 minutes.</p> <p>A facility policy, titled, "Quality of Life - Activities," dated August, 2006, received from the Administrator on 11/1/13 at 10:35 a.m., indicated, "...1. Individual activities are provided for individuals who have conditions or situations that prevent them from participating in group activities, or who do not wish to do so. 2. For those residents whose condition or situation prevents participation in group activities, and for those who do not wish to participate in group activities, the activities program</p>			

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	<p>provides individualized activities consistent with the overall goals of an effective activities program. The activities offered are reflective of the resident's individual activity interests, as identified in the Activity Assessment, progress notes and the resident's Comprehensive Care Plan.</p> <p>3. It is recommended that residents on a full room visit program receive, at a minimum, three room visits per week. Typically a room visit is ten to fifteen minutes in length...</p> <p>4. Activities for residents with behavioral or emotional problems who cannot participate in group activities include:</p> <p>a. Uncomplicated activities that can be adapted to the level of the individual's attention span and function; b. Activities requiring short periods of concentration to reduce frustration; and c. Activities tailored to address specific underlying causes of the individual's behavioral or attention limitations (e.g. familiar occupation-related activities; exercise and movement activities, engaging the resident in conversation, and using one-to-one activities such as looking at familiar pictures and photo albums).</p> <p>5. Residents who choose not to attend group activities will maintain an independent program. It is the responsibility of the facility and the activity staff to make regular</p>			

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	contacts and offer supplies, as needed."  3.1-35(g)(2)			

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F000311 SS=D	<p>483.25(a)(2) TREATMENT/SERVICES TO IMPROVE/MAINTAIN ADLS A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p> <p>Based on record review and interview, the facility failed to ensure assistance was provided for oral care for 2 of 2 residents who met the criteria for review of oral care. (Residents #41 and #9)</p> <p>Findings include:</p> <p>1. The clinical record of Resident #41 was reviewed on 10/30/13 at 2:50 p.m.</p> <p>Diagnoses for Resident #41 included, but were not limited to, diabetes mellitus, Parkinson's disease, and depression.</p> <p>An annual Minimum Data Set (MDS) assessment, dated 7/31/13, indicated he had moderate cognitive impairment. The assessment indicated he needed extensive assist of 1 person for personal hygiene.</p> <p>During an interview with Resident #41 on 10/22/13 at 9:34 a.m., he indicated he had some dental work done the</p>	F000311	Physician orders, care plans and personal care records for residents #41 and #9 were reviewed and updated as needed by the director of nursing to ensure they reflect the residents' current condition and assistance is being provided as needed. All residents needing assistance and or encouragement with oral care have the potential to be affected by this deficiency. The care plans and personal care records for all residents needing assistance and or encouragement with oral care were reviewed for accuracy and documentation to ensure assistance with oral care is provided. Policies and procedures regarding appropriate treatment and services to maintain or improve residents' abilities have been reviewed and found to be in order. The ADL (activities of daily living) documentation record was revised to include oral care. Nursing staff were re-educated regarding ADL documentation on 11/19/13 by the assistant director of nursing and director of nursing. (Exhibit F). Specifically, nursing staff education includes a means of validating competency for accurately performing oral	12/01/2013	

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	<p>previous week and he had a new plate. He indicated he tries to clean his teeth everyday but he can't get the food out that gets stuck between his teeth and his gums. He indicated staff does not help him. He indicated sometimes it really hurt when he couldn't get the food out.</p> <p>An updated care plan for Resident #41, with an original date of 11/16/12, indicated he had natural teeth with some missing teeth. An intervention was, "Set up supplies for brushing of teeth, assist as needed."</p> <p>An updated care plan for Resident #41, with an original date of 11/16/12, indicated he, "Requires assist of 1 with adl's (activities of daily living) [related to] weakness, bil[atera] hand tremors. An intervention was, "Oral care bid [twice a day]."</p> <p>There was no documentation in Resident #41's record which indicated staff had provided or assist with oral care.</p> <p>2. The clinical record of Resident #9 was reviewed on 10/31/13 at 9:48 a.m.</p> <p>Diagnoses for Resident #9 included,</p>		<p>care per facility policy and procedure. Nursing staff on all shifts will be asked to demonstrate resident oral care as a means of assess learning. Re-education will be provided as needed. Learning will be documented. The same education is provided to new nursing staff upon hire during their job specific orientaion. The director of nursing and or her designee will monitor compliance by auditing ADL documentation, including assistance with oral care for compliance on all shifts, including weekends, 3 times a week for 2 weeks; then weekly for 4 weeks, then monthly thereafter using audit tool E. Results of those audits will be reported monthly at the QAPI meeting until such time the committee deems the progress requires less rigorous monitoring. 12/1/13</p>		

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	<p>but were not limited to, degenerative joint disease, peripheral neuropathy, and depression.</p> <p>A quarterly Minimum Data Set assessment for Resident #9, dated 7/10/13, indicated she was not cognitively impaired and she was independent with her decision making. The assessment indicated she needed extensive assist of 1 person for personal hygiene.</p> <p>During an interview with Resident #9 on 10/24/13 at 11:25 a.m., she indicated the staff did not help her clean her teeth and they were probably only cleaned once a month.</p> <p>An updated care plan for Resident #9, with an original date of 10/22/12, indicated a problem of, "Requires assist of 1 with adl's [activities of daily living] [related to] weakness and decreased mobility." An intervention was, "oral care bid [twice a day]."</p> <p>An updated care plan for Resident #9, with an original date of 10/22/12, indicated a problem of, "Res[ident] has upper and lower dentures..." An intervention was, "Oral card bid [twice a day], assist with brushing as needed and soaking of dentures."</p>			

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	<p>There was no documentation in Resident #9's record which indicated staff had provided or assist with oral care.</p> <p>During an interview with the Director of Nursing on 10/30/13 at 3:16 p.m., she indicated the Certified Nursing Assistants do not document they do oral care. She indicated there are no forms or places for them to document this care. She indicated, "It should be done twice a day."</p> <p>3.1-38(3)(C)</p>			

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F000329 SS=D	<p><b>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</b></p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to ensure accuchecks and oxygen saturation checks were accurately monitored according to the residents plan of care for 1 of 5 residents reviewed for unnecessary medications in a total sample of 35. (Resident #2)</p> <p>Findings include:</p> <p>The clinical record of Resident #2 was reviewed on 10/28/13 at 3:30</p>	F000329	Physician orders, care plans and medication administration records for resident #2 were reviewed and updated as needed by the director of nursing to ensure they reflect the resident's current condition and the resident is free from unnecessary drugs. All residents who receive medications are at risk for this deficiency. All resident medication administration records were reviewed for accuracy of order transcription and documentation of accuchecks and oxygen saturations checks and are a	12/01/2013	

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	<p>p.m.</p> <p>Diagnoses for Resident #2 included, but were not limited to diabetes mellitus and chronic obstructive pulmonary disease.</p> <p>1. A care plan for Resident #2, initiated 6/19/12 and current through 1/14/13, indicated a problem of the resident having diabetes mellitus. Interventions included, "Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness..." Diabetes mellitus is a metabolic disorder associated with abnormally high levels of blood sugar.</p> <p>A care plan for Resident #2, initiated 6/19/12 and current through 1/14/13, indicated a problem of the resident having a potential nutrition problem related to a diagnosis of diabetes. Interventions included accuchecks (a finger stick blood test to measure blood sugar) as ordered.</p> <p>A recapitulated physician's order for October, 2013, with an original order date of 1/13/13, indicated resident was to receive Levemir insulin, 30 units, every morning. Insulin is a medication used to treat high blood sugar.</p>		<p>current reflection of a resident's condition. Policies and procedures regarding unnecessary drugs including drug use without adequate monitoring were reviewed and updated. Licensed nurses were re-educated at inservice meetings conducted 11/13/13 regarding monitoring of drug use and the documentation of testing used to support drug use by the director of nursing. The same education is provided new nurses upon hire during their job-specific orientation. The director of nursing and/or her designee will monitor by reviewing new physician orders at morning meeting; and monitor the record-keeping for accucheck and oxygen saturation levels for completion twice a week for two weeks; weekly for four weeks; and monthly thereafter using audit tool G. Results of those audits will be reported monthly at the QAPI meeting until such time the committee deems the progress requires less rigorous monitoring. 12/1/13</p>				

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	<p>A recapitulated physician's order for October, 2013, with an original order date of 6/4/12, indicated Resident #2 was supposed to receive accuchecks twice daily at 7:00 a.m. and 4:00 p.m.</p> <p>Review of a Blood Glucose Testing Log for October, 2013, indicated Resident #2's accuchecks were not done on October 3, (4:00 p.m.) 8, (7:00 a.m. and 4:00 p.m.) 14, (7:00 a.m.) 15, (7:00 a.m. and 4:00 p.m.) 17, (4:00 p.m.) 18, (7:00 a.m.) 20, (4:00 p.m.) 21 (7:00 a.m.) 22 (4:00 p.m.).</p> <p>During and interview with the Director of Nursing on 10/20/13 at 9:20 a.m., she indicated, "The accuchecks should have been done."</p> <p>2. Recapitulated physician's orders for September, 2013, with original dates of 8/12/13, indicated Resident #2 was to have oxygen at 2 liters per nasal cannula continuously and her oxygen saturation level was to be checked every shift. The oxygen saturation level is the amount of oxygen in the blood.</p> <p>There was no documentation in Resident #2's record which indicated her oxygen saturation had been checked every shift in September</p>			

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	<p>2013. A Nebulizer Flow Sheet for September, 2013, indicated her saturation was checked before and after her nebulizer treatments on September 1, 3, 4, 5, 6, 7, 10, 11, 16, 22, 23, 25, and 28, 2013. This flow sheet indicated her oxygen saturation had been checked only 16 times out of 90 opportunities in September.</p> <p>During an interview with the Director of Nursing on 10/30/13 at 9:20 a.m., she indicated she was not able to find any other oxygen saturation level checks done on Resident #2 in September. She indicated they should have been done as ordered by the physician.</p> <p>3.1-48(a)(3)</p>			

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F000441 SS=E	<p><b>483.65</b> <b>INFECTION CONTROL, PREVENT SPREAD, LINENS</b> 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>Based on observation, record review,</p>	F000441	Staff members LPN #1 and CAN's #2 & #3 observed to have	12/01/2013			

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	<p>and interview, the facility failed to ensure staff wore gloves and washed their hands after direct resident contact while providing care to a resident in isolation for clostridium difficile (C-diff), for 1 of 2 observations of staff providing care to residents in isolation. This had the potential to affect 17 of 17 residents residing on the East Unit. (LPN #1, CNA #2, and CNA #3)</p> <p>Findings include:</p> <p>During an observation on 10/31/13 at 1:10 p.m., Licensed Practical Nurse (LPN) #1 took a cup with medication and a cup of water into the room of Resident #97. She indicated at that time Resident #97 was on isolation for C-Diff. (a bacteria which causes a difficult to treat colon infection with diarrhea) LPN #1 was not wearing gloves when she entered the room. At that time, Certified Nursing Assistants (CNA) #2 and #3 were observed in the room. They were not wearing gloves. CNA's #1 and #2 both indicated at that time they had not provided pericare for the resident, they had just transferred her from her wheel chair to her bed and covered her up with a blanket. They indicated, "if we had had to clean her up we would have worn gowns and</p>		<p>entered resident #97's room without taking precautions as outlined the facility's policy and procedure manual were re-educated immediately. All residents in the affected are at risk for the deficient practice. Residents in the area are monitored for signs/symptoms of C-diff and other transmittable infections. Infection control policies and procedures regarding controls and preventative action to prevent the spread of infection were reviewed and updated by the director of nursing. All staff were re-educated 11/7/13 by the assistant director of nursing on infection control/isolation procedures including clostridium difficile infection precautions. (Exhibit H). Specifically, nursing staff education includes a means of validating competency for adhering to isolation precautions, hand washing, and glove usage, as indicated by facility policy and procedure. Nursing staff on all shifts will be asked to demonstrate isolation precautions as a means to assess learning. Learning will be documented. The same education is provided to new nursing staff upon hire during their job specific orientation. Director of nursing and or her designee will monitor by observing staff providing care, treatment and services on all shifts, including weekends, to at least one resident in isolation</p>				

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	<p>gloves." CNA's #1 and #2 then left Resident #97's room. They did not wash their hands. LPN#1 handed the medication and the cup of water to Resident #97, who swallowed her medication and then handed the medicine cup and water cup back to LPN #1.</p> <p>A facility policy, titled, "Isolation - Categories of Transmission-Based Precautions," dated August, 2011, received from the Administrator on 10/31/13 at 2:38 p.m., indicated, "Contact Precautions...for residents known or suspected to be infected or colonized with...Clostridium difficile...c. Gloves and Handwashing (1) In addition to wearing gloves as outlined under Standard Precautions, wear gloves (clean, non-sterile) when entering the room...(3) Remove gloves before leaving the room and wash hands immediately..."</p> <p>A "Daily Census Sheet," received from the Assistant Director of Nursing on 11/1/13 at 9:20 a.m., indicated 17 residents resided the East Hall on 10/31/13.</p> <p>During an interview with CNA #4, on 11/1/13 at 11:30 a.m., she indicated there were always 2 CNA's working on the East Unit, and, "We always</p>		<p>three times per week for four weeks, and bi-weekly thereafter. Results of infection control measures are documented and provided in summary to the administrator on a monthly basis. Results of those audits will be reported monthly at the QAPI meeting until such time the committee deems the progress requires less rigorous monitoring. 12/1/13</p>	

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	<p>work together to take care of the residents."</p> <p>During an interview with the Director of Nursing on 10/31/13 at 10:00 a.m., she indicated, the staff "is supposed to always put gloves on when entering the room of a resident in isolation for C-diff."</p> <p>3.1-18(j)</p>			

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F000465 SS=E	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation and interview, the facility failed to clean and maintain equipment in 5 of 6 resident rooms, affecting 5 residents who resided in those rooms and used that equipment. (Resident #37, #16, #38, #100, and #24)</p> <p>Findings include:</p> <p>During an environmental tour was on 10-29-13, at 2:30 P.M. with the facility Housekeeping Supervisor and Maintenance Director, the following was observed:</p> <p>(1) In Resident #37's room, there was an electric wheelchair parked. The wheelchair motor and base had a heavy accumulation of dirt and debris. In an interview with resident #37 at that time, she indicated the staff would take a washcloth and wipe down the seat and the armrests, but never cleaned the rest of the chair. A quarterly Minimum Data Set (MDS) assessment, dated 10/1/13, indicated Resident #37 was cognitively intact and independent with her decision making.</p>	F000465	<p>Wheel chairs which were observed in need of cleaning were attended to by nursing personnel promptly. All wheel chairs in the facility are at risk for the same deficiency. Wheelchairs in need of cleaning and preventative cleaning maintenance were identified. The wheel chair cleaning schedule was revised by the director of nursing. (Exhibit I) Nursing staff was re-educated on wheelchair cleaning procedures and the revised cleaning schedule on 11/19/13 by the director of nursing. The director of nursing and or her designee will monitor compliance by observation during daily round of the nursing unit on-going. Any noted deficiencies that are identified will be corrected immediately at the time of identification. 12/1/13</p>	12/01/2013			

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	<p>(2) In Resident #16's room, the resident's wheelchair was parked inside the room. The handles on the wheels of the chair were heavily soiled and sticky to the touch.</p> <p>(3) In Resident #38's room, the resident's wheelchair was parked inside the room. The handles on the wheels of the chair were heavily soiled and sticky to the touch.</p> <p>(4) In Resident #100's room, the resident's walker was stationed inside the room. The handles and frame of the walker were heavily coated with dirt and debris. In an interview with resident #100 at that time, she indicated the facility does not clean her walker. A quarterly MDS assessment, dated 8/21/13, indicated Resident #11 was cognitively intact and independent with her decision making.</p> <p>(5) In Resident #24's room, a wheelchair was observed on 10/21,10/22,10/23 and 10/29, 2013, with a cushion, which had a urine odor. It had dried food particles, and a heavy accumulation of dirt, dust, and debris on the seat and frame of the chair. The handles on the wheels of</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155780	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  11/01/2013
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NAME OF PROVIDER OR SUPPLIER  MADISON HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7465 MADISON AVE INDIANAPOLIS, IN 46227
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	<p>the chair were heavily soiled and sticky to the touch.</p> <p>During an interview with Housekeeping Supervisor and Maintenance Director at that time, they indicated the chairs should be cleaned. They indicated the chairs we observed were in need of cleaning.</p> <p>On 11/1/13 at 1:00 P.M. in an interview with the MDS Assistant, she indicated Resident #24's wheelchair had been a challenge. She indicated the wheel chair was very soiled and in need of cleaning on 10/21, 10/22, and 10/23, 2013.</p> <p>3.1-19(f)</p>			