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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155799 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 11/04/2013 |
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| NAME OF PROVIDER OR SUPPLIER MARION REHABILITATION AND ASSISTED LIVING CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 614 WEST 14TH STREET MARION, IN 46953 |
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| F000000 | <p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00136654.</p> <p>Survey dates: October 28, 29, 30, 31, November 1, 4, 2013</p> <p>Facility number: 012809 Provider number: 155799 AIM number: 201136580</p> <p>Survey Team: Ginger McNamee RN, TC Shelley Reed, RN (October 28,29,30,31, November 1, 2013) Angela Patterson, RN (October 28,29,30,31, November 1, 2013) Thomas Stauss, RN (October 28,29,30,31, November 1, 2013) Maria Pantaleo, RN (October 28,29,30,31, November 1, 2013)</p> <p>Census bed type: SNF: 34 SNF/NF: 4 Residential: 30 Total: 68</p> <p>Census payor type: Medicare: 23</p> | F000000 | <p>This Plan of Correction is prepared and executed because the provision of State and Federal law require it and not because Marion Rehabilitation & Assisted Living Center agrees with the allegations made in the cited deficiencies. The facility maintains that the alleged deficiencies do not jeopardize the health and safety of residents, nor are they of such character so as to limit our capability to render adequate care.</p> | |

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>Medicaid: 3 Other: 42 Total: 68</p> <p>Residential Sample: 7</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed by Debora Barth, RN.</p> | | | | |

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| F000242 SS=D | <p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>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 record review and interview, the facility failed to observe residents' personal choices related to the number of showers they could receive each week and/or when they went to bed at night and got up in the morning for 2 of 27 residents interviewed and 1 of 3 residents' family interviewed. (Resident #'s J, I, H)</p> <p>Findings include:</p> <p>1. Resident #J was interviewed on 10/29/13 at 8:46 a.m., and indicated he was not asked how often he would like to have a shower. He indicated he was told he would receive a shower two times a week. He indicated he would prefer to have a shower three or four times a week. He indicated he took a shower daily at home.</p> <p>Resident #J's clinical record was reviewed on 10/31/13 at 1:30 p.m.</p> | F000242 | Resident's J, H and I to be interviewed to update their ADL preferences. Facility to interview all residents for their preferences related to ADL's and update care plans to ensure all are met. Social Services or designee to interview all residents for their preferences related to ADL's and facility will update care plans accordingly. Nursing staff to be in-serviced on resident choices including but not limited to showers, going to bed and getting up in the morning. Facility management team will monitor preferences being met through facility QA Guardian Angel program 5x/week. The audits will be reviewed and monitored through QA monthly. To be completed by December 4, 2013. | 12/04/2013 | | | |

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| | <p>The resident had a 9/11/13 Care Plan Problem indicating his preferences: "I would like a shower daily."</p> <p>The Activity Director was interviewed on 10/31/13 at 10:45 a.m. He indicated he went over the resident's choices with the resident within 72 hours of admission. He indicated he would share the resident's responses with the interdisciplinary team and with therapy to plan care around the resident's choices.</p> <p>During an interview with the Director of Nursing on 10/31/13 at 2:05 p.m., she indicated the resident had some confusion on admission but it had improved and he no longer had any cognitive impairment. She provided the resident's "Resident Assist Card" indicating the resident's preferences for showers to be given on second shift on Wednesdays and Saturdays. She indicated she completed these cards. She indicated if a resident's preference was anything other than two times a week the Activity Director was supposed to let her know. She indicated she was not aware of the the resident wanting more than two showers a week.</p> <p>2. During the first observation on 10/29/13 at 2:42 p.m., Resident (H) was in bed, hair appeared oily and</p> | | | | | | |

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| | <p>unkempt. Resident (H) was in contact isolation related to clostridium difficile. Resident (H) was not awake and the family was at her bedside.</p> <p>The clinical record for Resident (H) was reviewed on 10/30/13 at 2:30 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, history of a femur fracture, diabetes mellitus, debility, clostridium difficile, hypertension and anxiety.</p> <p>The readmission Minimum Data Set (MDS) assessment, dated 10/11/13, indicated Resident (H) had severe cognitive impairment. Resident (H) received the following Activities of Daily Living (ADL) assistance; transfer-extensive assistance with two person assist, ambulation-did not occur, hygiene and bathing-extensive assistance with two person assist and toilet use-frequently incontinent of urine and always incontinent of bowel. Resident (H) was transferred by a Hoyer lift.</p> <p>The re-admission health care plan assessment, dated 10/13/13, indicated Resident (H) preferred to have a shower on an as needed basis. Resident (H)'s assist care card</p> | | | | | | |

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| | <p>indicated a preference of a bath and was scheduled for Wednesdays and Saturdays on 1st shift.</p> <p>During review of the bath and shower sheets from 10/6/13-10/30/13, Resident (H) had received either a partial bed bath or daily bed bath from her readmission date of 10/6/13. Resident (H) resided in a private room with a private shower.</p> <p>During an interview on 10/29/13 at 2:42 p.m., a family member indicated Resident (H) had been in the facility approximately 3 or 4 weeks and her hair had not been washed. She had since provided the facility with dry shampoo. She indicated she would like for Resident (H) to have an actual shower and have her hair washed.</p> <p>During an interview on 10/30/13 at 1:06 p.m., CNA #16 indicated Resident (H) had received only bed baths because she was very stiff and yelled a lot. She indicated the facility did not have a shower chair or shower table for residents who were unable to use the shower seat in their bathroom. She indicated the only way for a resident to have his or her hair washed was in the shower under running water. She indicated the facility did not have a way to wash</p> | | | |

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| | <p>hair while residents were in bed.</p> <p>During an interview on 10/31/13 at 1:04 a.m., CNA #20 indicated Resident (H) needed a Hoyer lift for transfer and staff did not take her to the shower because she was unable sit up.</p> <p>During an interview on 10/31/13 at 10:45 a.m., Activity Director #15 indicated residents were assessed within 72 hours of admission. He indicated residents were asked about preferences related to bathing choice. He indicated the information was then put on a care plan and updated as needed.</p> <p>During an interview on 11/1/13 at 1:35 p.m., the DoN indicated the facility did not have a shower chair and she was unaware the staff were not able to wash residents' hair unless they were under running water.</p> <p>3. During an interview with Resident # I on 10/28/13 at 9:58 a.m., she indicated she had no choice on times for waking, going to bed or shower schedule. She indicated she was told showers would be twice a week. Resident # I indicated she was awakened every day for breakfast at 7:00 a.m. and would prefer to get up</p> | | | | | | |

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| | <p>at 8:00 a.m. every day.</p> <p>During a staff interview with CNA #16, on 10/31/13 at 9:30 a.m., she indicated residents had a choice for daily showers if they had requested them.</p> <p>During a staff interview with RN #10 on 10/31/13 at 9:57 a.m., she indicated the Activities Director, asked resident preferences, which were then brought to the IDT (Interdisciplinary Team.)</p> <p>During a staff interview on 10/31/13 at 10:43 a.m., the Activities Director indicated within 72 hours of admission he would interview each resident regarding choices and preferences about bathing, waking and bed time. He indicated this information would then be written on the resident's care plan. The Activities Director also indicated the resident's preference would be the higher priority.</p> <p>During a record review on 10/31/13 at 11:15 a.m., Resident # I's care plan, dated 8/12/13, indicated no preferences for bathing, waking, or shower. Resident's admission MDS (Minimum Data Set) assessment, dated 8/16/13, indicated the resident</p> | | | | | | |

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| | <p>was not weight bearing. The resident's BIMS (Brief Interview Mental Status) score indicated the resident was interviewable.</p> <p>3.1-3(u)(1) 3.1-3(u)(3)</p> | | | |

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| F000246 SS=D | <p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. Based on interview and record review, the facility failed to provide adaptive equipment in regards to a shower chair to receive a bath or a shower for 1 of 3 residents reviewed in regards to making choices. (Resident H)</p> <p>Findings include:</p> <p>1. During the first observation on 10/29/13 at 2:42 p.m., Resident (H) was in bed, hair appeared oily and unkempt. Resident (H) was in contact isolation related to clostridium difficile. Resident (H) was not awake and the family was at her bedside.</p> <p>The clinical record for Resident (H) was reviewed on 10/30/13 at 2:30 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, history of a femur fracture, diabetes mellitus, debility, clostridium difficile, hypertension and anxiety.</p> | F000246 | <p>Resident H to be interviewed to update her ADL preference. Facility to interview all residents to update to ensure any needs for adaptive equipment are met. Social Services or designee to interview all residents related to any needs for adaptive equipment to receive a shower. Nursing staff to be in-serviced on resident preferences related to the usage of adaptive equipment. Social Services or designee to interview residents to ensure preferences are being met according to their care plan 2x/week for three weeks then 1x/week for three weeks then monthly thereafter. The audits will be reviewed and monitored through QA monthly. To be completed by December 4, 2013</p> | 12/04/2013 | |

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| | <p>The readmission Minimum Data Set (MDS) assessment, dated 10/11/13, indicated Resident (H) had severe cognitive impairment. Resident (H) received the following Activities of Daily Living (ADL) assistance; transfer-extensive assistance with two person assist, ambulation-did not occur, hygiene and bathing-extensive assistance with two person assist and toilet use-frequently incontinent of urine and always incontinent of bowel. Resident (H) was transferred by a Hoyer lift.</p> <p>The re-admission health care plan assessment, dated 10/13/13, indicated Resident (H) preferred to have a shower on an as needed basis. Resident (H)'s assist care card indicated a preference of a bath and was scheduled for Wednesdays and Saturdays on 1st shift.</p> <p>During review of the bath and shower sheets from 10/6/13-10/30/13, Resident (H) had received either a partial bed bath or daily bed bath from her readmission date of 10/6/13. Resident (H) resided in a private room with a private shower.</p> <p>During an interview on 10/29/13 at 2:42 p.m., a family member indicated</p> | | | | | | |

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| | <p>Resident (H) had been in the facility approximately 3 or 4 weeks and her hair had not been washed. She had since provided the facility with dry shampoo. She indicated she would like for Resident (H) to have an actual shower and have her hair washed.</p> <p>During an interview on 10/30/13 at 1:06 p.m., CNA #16 indicated Resident (H) had received only bed baths because she was very stiff and yelled a lot. She indicated the facility did not have a shower chair or shower table for residents who were unable to use the shower seat in their bathroom. She indicated the only way for a resident to have his or her hair washed was in the shower under running water. She indicated the facility did not have a way to wash hair while residents were in bed.</p> <p>During an interview on 10/31/13 at 1:04 a.m., CNA #20 indicated Resident (H) needed a Hoyer lift for transfers and they did not take her to the shower because she was unable to sit up.</p> <p>During an interview on 11/1/13 at 1:35 p.m., the DoN indicated the facility did not have a shower chair and she was unaware the staff were not able to wash residents hair unless</p> | | | | |

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| | they were under running water. 3.1-3(v)(1) | | | | |

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| F000279 SS=D | <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on interview and record review, the facility failed to ensure a comprehensive plan of care was developed in regards to the preference of bathing. This deficient practice impacted 1 of the 26 residents reviewed for care planning. (Resident H)</p> <p>Findings include:</p> <p>During the first observation on 10/29/13 at 2:42 p.m., Resident (H) was in bed, hair appeared oily and unkempt. Resident (H) was in</p> | F000279 | Resident H's care plans will be updated to reflect ADL preferences. Facility to develop and update all residents care plans related to preferences. DON or designee to develop and update all residents care plans related to preferences. Nursing staff to be in-serviced on facility policy related to care plan initiation and development. DON or designee to audit ADL preference care plans monthly x3 then quarterly thereafter. Interdisciplinary team to audit ADL preferences. The audits will be reviewed and monitored through QA monthly. To be | 12/04/2013 | | | |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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 | |
| | <p>contact isolation related clostridium difficile. Resident (H) was not awake and family was at her bedside.</p> <p>The clinical record for Resident (H) was reviewed on 10/30/13 at 2:30 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, history of a femur fracture, diabetes mellitus, debility, clostridium difficile, hypertension and anxiety.</p> <p>The readmission Minimum Data Set (MDS) assessment, dated 10/11/13, indicated Resident (H) had severe cognitive impairment. Resident (H) received the following Activities of Daily Living (ADL) assistance; transfer-extensive assistance with two person assist, ambulation-did not occur, hygiene and bathing-extensive assistance with two person assist and toilet use-frequently incontinent of urine and always incontinent of bowel. Resident (H) was transferred by a Hoyer lift.</p> <p>The re-admission health care plan assessment, dated 10/13/13, indicated Resident (H) preferred to have a shower on an as needed basis. Resident (H)'s assist care card indicated a preference of a bath and</p> | | completed by December 4, 2013. | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155799 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 11/04/2013 |
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| NAME OF PROVIDER OR SUPPLIER MARION REHABILITATION AND ASSISTED LIVING CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 614 WEST 14TH STREET MARION, IN 46953 | | |
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| | <p>was scheduled for Wednesdays and Saturdays on 1st shift.</p> <p>During review of the bath and shower sheets from 10/6/13-10/30/13, Resident (H) had received either a partial bed bath or daily bed bath from her readmission date of 10/6/13. Resident (H) resided in a private room with a private shower.</p> <p>During an interview on 10/29/13 at 2:42 p.m., a family member indicated Resident (H) had been in the facility approximately 3 or 4 weeks and her hair had not been washed. She had since provided the facility with dry shampoo. She indicated she would like for Resident (H) to have an actual shower and have her hair washed.</p> <p>During an interview on 10/30/13 at 1:06 p.m., CNA #16 indicated Resident (H) had received only bed baths because she was very stiff and yelled a lot. She indicated the facility did not have a shower chair or shower table for residents who were unable to use the shower seat in their bathroom. She indicated the only way for a resident to have his or her hair washed was in the shower under running water. She indicated the facility did not have a way to wash hair while residents were in bed.</p> | | | | |

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| | <p>During an interview on 10/31/13 at 1:04 a.m., CNA #20 indicated Resident (H) needed a Hoyer lift for transfers and they did not take her to the shower because she was unable sit up.</p> <p>During an interview on 11/1/13 at 1:35 p.m., the DoN indicated the facility did not have a shower chair and she was unaware the staff were not able to wash residents hair unless they were under running water.</p> <p>3.1-35(b)(1)</p> | | | | |

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| F000280 SS=D | <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on interview and record review, the facility failed to provide a resident with the proper oral fluid replacement in accordance with their plan of care for 1 of 26 residents reviewed for care planning. (Resident H)</p> <p>Findings include:</p> <p>The clinical record for Resident (H) was reviewed on 10/30/13 at 2:30 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, history of a femur fracture, diabetes mellitus,</p> | F000280 | The facility cannot correct the alleged deficiency due to Resident H's oral fluid replacement order occurring in the past. Facility to audit all guests for oral fluid replacement orders. DON or designee to audit all guests for oral fluid replacement orders. Nursing staff to be in-serviced regarding care plans and physician orders. DON or designee to audit all guests for oral fluid replacement orders weekly x4 then monthly thereafter. The audits will be reviewed and monitored through QA monthly. To be completed by December 4, 2013. | 12/04/2013 | | | |

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| | <p>debility, clostridium difficile, hypertension and anxiety.</p> <p>The readmission Minimum Data Set (MDS) assessment, dated 10/11/13, indicated Resident (H) had severe cognitive impairment. Resident (H) received the following Activities of Daily Living (ADL) assistance; transfer-extensive assistance with two person assist, ambulation-did not occur, hygiene and bathing-extensive assistance with two person assist and toilet use-frequently incontinent of urine and always incontinent of bowel. Resident (H) was transferred by a Hoyer lift.</p> <p>The health care plan assessment, dated 10/6/13, indicated Resident (H) had a problem with potential weight loss related to a positive clostridium difficile culture with watery diarrhea and loss of appetite. Interventions for the problem included, but were not limited to, provide clear liquid diet as needed, frequent oral intake and administer antibiotics, anti-pyretics and anti-emetics as ordered.</p> <p>During review of the Medication Administration Record (MAR) for the month of October, Pedialyte (oral electrolyte solution) 240 ml by gastrostomy tube to be given three</p> | | | | |

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| | <p>times daily was ordered. The MAR indicated Resident (H) did not receive 13 doses Pedialyte. The Pedialyte was not given on 10/16, 10/17 x [times] 2, 10/18 x 3, 10/19 x 3 10/22 x 2, 10/23 and 10/26 related to medication availability issues.</p> <p>During an interview on 11/1/13 at 1:35 p.m., the DoN indicated she was not in the building during the time the Pedialyte was not given. She indicated when she realized the resident had not received the Pedialyte, she went and picked some up. She indicated the facility had concerns with the contracted pharmacy supplying medication orders on time.</p> <p>3.1-35(d)(2)(B)</p> | | | | |

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| F000282 SS=D | <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>Based on record review and interview, the facility failed to ensure the plan of care was followed as written related to obtaining daily weights for 14 days for 1 of 5 residents reviewed for unnecessary medications. (Resident #'s H)</p> <p>Findings include:</p> <p>1. The clinical record for Resident (H) was reviewed on 10/30/13 at 2:30 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, history of a femur fracture, diabetes mellitus, debility, clostridium difficile, hypertension and anxiety.</p> <p>The readmission Minimum Data Set (MDS) assessment, dated 10/11/13, indicated Resident (H) had severe cognitive impairment. Resident (H) received the following Activities of Daily Living (ADL) assistance; transfer-extensive assistance with two person assist, ambulation-did not occur, hygiene and bathing-extensive</p> | F000282 | <p>The facility cannot correct the alleged deficiency due to Resident H's daily weights occurring in the past. Facility to audit all guests for daily and weekly weight orders. DON or designee to audit all guests for daily and weekly weight orders to ensure all are being followed. Nursing staff to be in-serviced regarding obtaining weights and following physician orders. DON or designee to audit daily weights 2x/week for three weeks then weekly x3 weeks then monthly thereafter. The audits will be reviewed and monitored through QA monthly. To be completed by December 4, 2013.</p> | 12/04/2013 | | | |

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| | <p>assistance with two person assist and toilet use-frequently incontinent of urine and always incontinent of bowel. Resident (H) was transferred by a Hoyer lift.</p> <p>The health care plan assessment, dated 9/7/13 and updated 10/14/13, indicated Resident (H) had a problem with potential weight loss related to a positive clostridium difficile culture with watery diarrhea and loss of appetite. Interventions for the problem included, but were not limited to, monitor weights per protocol, provide clear liquid diet as needed, frequent oral intake and administer antibiotics, anti-pyretics and anti-emetics as ordered.</p> <p>During review of the Medication Administration Record (MAR) for the month of October, Pedialyte (oral electrolyte solution) 240 ml by gastrostomy tube to be given three times daily was ordered. The MAR indicated Resident (H) did not receive 13 doses of Pedialyte. The Pedialyte was not given on 10/16, 10/17 x 2, 10/18 x 3, 10/19 x 3 10/22 x 2, 10/23 and 10/26 related to medication availability issues.</p> <p>During review of the Treatment Administration Record (TAR) for the</p> | | | | |

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| | <p>month of October, an order for daily weights starting on 10/18/13 for 14 days was received. During review of the daily weight record, no weights for 10/23, 10/24, 10/25, 10/26 or 10/27 were found.</p> <p>During an interview on 11/1/13 at 1:04 p.m., the DoN indicated no additional weights were found.</p> <p>3.1-35(g)(2)</p> | | | |

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| F000312 SS=D | <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, record review and interview, the facility failed to ensure a resident who was dependent on staff for grooming and personal hygiene received hair care twice weekly for 1 of 3 residents reviewed for assistance with activities of daily living in a sample of 3. (Resident H)</p> <p>Findings include:</p> <p>During the first observation on 10/29/13 at 2:42 p.m., Resident (H) was in bed, hair appeared oily and unkempt. Resident (H) was in contact isolation related clostridium difficile. Resident (H) was not awake and family was at her bedside.</p> <p>The clinical record for Resident (H) was reviewed on 10/30/13 at 2:30 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, history of a femur fracture, diabetes mellitus, debility, clostridium difficile,</p> | F000312 | Resident H's care plan will be updated and will have hair care twice weekly. Facility to audit all guests to ensure shower & grooming preferences are being followed. Nursing staff to be in-serviced on resident preferences related to showering and grooming. Facility will observe all guests to ensure hair care was completed. Facility management team will through QA Guardian Angel rounds 5x/week to ensure preferences are being met according to their care plan. The audits will be reviewed and monitored through QA monthly. To be completed by December 4, 2013. | 12/04/2013 | | | |

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| | <p>hypertension and anxiety.</p> <p>The readmission Minimum Data Set (MDS) assessment, dated 10/11/13, indicated Resident (H) had severe cognitive impairment. Resident (H) received the following Activities of Daily Living (ADL) assistance; transfer-extensive assistance with two person assist, ambulation-did not occur, hygiene and bathing-extensive assistance with two person assist and toilet use-frequently incontinent of urine and always incontinent of bowel. Resident (H) was transferred by a Hoyer lift.</p> <p>The re-admission health care plan assessment, dated 10/13/13, indicated Resident (H) preferred to have a shower on an as needed basis. Resident (H)'s assist care card indicated a preference of a bath and was scheduled for Wednesdays and Saturdays on 1st shift.</p> <p>During review of the bath and shower sheets from 10/6/13-10/30/13, Resident (H) had received either a partial bed bath or daily bed bath from her readmission date of 10/6/13. Resident (H) resided in a private room with a private shower.</p> <p>During an interview on 10/29/13 at</p> | | | | |

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| | <p>2:42 p.m., a family member indicated Resident (H) had been in the facility approximately 3 or 4 weeks and her hair had not been washed. She had since provided the facility with dry shampoo. She indicated she would like for Resident (H) to have an actual shower and have her hair washed.</p> <p>During an interview on 10/30/13 at 1:06 p.m., CNA #16 indicated Resident (H) had received only bed baths because she was very stiff and yelled a lot. She indicated the facility did not have a shower chair or shower table for residents who were unable to use the shower seat in their bathroom. She indicated the only way for a resident to have his or her hair washed was in the shower under running water. She indicated the facility did not have a way to wash hair while residents were in bed.</p> <p>During an interview on 10/31/13 at 1:04 a.m., CNA #20 indicated Resident (H) needed a Hoyer lift for transfers and they did not take her to the shower because she was unable to sit up.</p> <p>During an interview on 11/1/13 at 1:35 p.m., the DoN indicated the facility did not have a shower chair and she was unaware the staff were</p> | | | |

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| | not able to wash residents hair unless they were under running water. 3.1-38(a)(3)(B) | | | | |

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| F000323 SS=D | <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation and interview, the facility failed to ensure a dietary staff employee knew the appropriate fire procedure during 1 of 1 observation of an active fire and failed to maintain safety in the bathroom while resident's showered due to water overflowing on to the bathroom floor for 1 of 6 residents interviewed related to taking showers. (Cook #6, Dietary Assistant #25, Resident #80)</p> <p>Findings include:</p> <p>1. On 10/30/13 at 12:06 p.m., the fire alarm sounded. During an observation of the dining room/serving area across from the physical therapy area, the microwave oven was observed to have smoke coming out of it. An item which appeared to have foil wrapping was observed to be on fire in the oven. Cook #6 was observed facing the open oven door holding a pitcher of clear liquid. The cook was told, "Are you sure you want to do that?" and</p> | F000323 | Resident 80's shower to be reviewed and have modifications made. Facility to audit all facility showers related to the alleged deficiency. Facility cannot correct the alleged deficiency of the dietary employee due to the occurrence being in the past. Dietary employee to be in-serviced 1:1 regarding fire procedure by Executive Director or designee. All staff to be in-serviced regarding fire policy and procedures. Facility to review guest room showers and make modifications related to the prevention of water runoff. Maintenance Supervisor or designee to review facility showers weekly x4 then monthly thereafter. Facility to conduct fire drills 2x/month for three months then monthly thereafter. The reports will be reviewed and monitored through QA monthly. To be completed by December 4, 2013. | 12/04/2013 | | | |

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| | <p>"Do you have any baking soda around?" Multiple staff members from various units responded to the scene. Another staff member was observed spraying a fire extinguisher into the open oven and extinguishing the fire.</p> <p>During an interview with the Administrator on 10/30/13 at 2:37 p.m., he indicated Cook #6 told him she panicked when she saw the fire in the microwave oven. She told him her first thought was to throw water on the fire.</p> <p>During an interview with Dietary Assistant #25 on 10/30/13 at 2:33 p.m., she indicated a resident had requested her take out food from the day before to be reheated. Dietary Assistant #25 gave Cook #6 the box containing the resident's food to be reheated. Dietary Assistant #25 indicated Cook #6 had placed the box in the microwave oven and pushed the express heat button several times. She indicated the cook had not opened the box and checked the contents prior to placing it in the oven. Dietary Assistant #25 indicated food was to be removed from the container and placed on a plate prior to being placed in the oven to be reheated. She indicated she saw the fire in the</p> | | | |

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| | <p>oven and told the cook the oven was on fire. She indicated the cook opened the door to the microwave several times looking at the fire.</p> <p>The Owner's Manual for the microwave was provided by the Administrator on 10/31/13 at 3:41 p.m. The manual indicated: "...To reduce the risk of fire in the oven cavity: - Do not overcook food. Carefully attend appliance when paper, plastic or other combustible materials are placed inside the oven while microwave cooking. - Remove twist-ties and metal handles from paper or plastic containers before placing them in the oven. -If material inside the oven ignite, keep the oven door closed, turn the oven off and shut off power at the fuse or circuit breaker panel, if the door is opened, the fire may spread...."</p> <p>2. On 10/28/13 at 10:40 a.m., an interview with Resident #80 indicated water got all over the floor when he showered, and staff placed linens in front of the shower to prevent water from getting all over the bathroom floor.</p> <p>On 11/1/13 at 10:10 a.m., observed Resident #80's bathroom while he showered. A water saturated sheet</p> | | | | |

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| | <p>was observed spread out on the floor in front of the shower, and water was running out of the shower onto the uncovered bathroom floor. During the shower, three fourths of the bathroom floor was observed to be wet leaving the floor slippery and wet.</p> <p>On 11/01/2013 at 1:08 p.m., an interview with CNA #19 indicated she placed linen in front of the Resident's showers because the lip on the showers wasn't high enough to contain the water inside the shower when the resident bathed, and water got all over the bathroom floor.</p> <p>During a staff interview on 10/31/13 at 9:30 a.m., CNA #16 demonstrated the routine preparation for all residents' shower. She was then observed to prepare the shower area by folding the towels lengthwise. These towels were then observed to be placed on the floor in front of the shower. She indicated this was necessary to prevent water from flowing onto the bathroom floor.</p> <p>3.1-45(a)(1)</p> | | | | |

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| F000325 SS=D | <p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on observation, interview, and record review, the facility failed to provide a nutritional supplement in the prevention of weight loss for 1 of 3 residents reviewed for nutrition and failed to prevent a decline in health related to oral electrolyte hydration and daily weight monitoring for 1 of 5 residents reviewed for unnecessary medication use. (Resident #'s 52, H)</p> <p>Findings include:</p> <p>1. Resident #52's clinical record was reviewed on 10/30/2013 at 1:00 p.m. The resident's diagnoses included, but were not limited to, cerebral artery occlusion with cerebral infarction, esophageal reflux, hypertension, constipation, osteoporosis, stress incontinence, depressive disorder, Parkinson's disease, mild cognitive impairment, and hyperlipidemia.</p> | F000325 | Resident H's care plan will be updated and facility cannot correct the alleged deficiency of oral electrolyte hydration due to the order being in the past. Facility to audit all guests for oral electrolyte hydration, daily weights and nutritional supplements to ensure all are being followed. Facility to audit all guests for oral electrolyte hydration, daily weights and nutritional supplements and make sure care plans/orders are being followed. Nursing staff to be in-serviced regarding following physician orders and care plans. DON or designee to audit all guests for oral electrolyte hydration and nutritional supplements weekly x4 then monthly thereafter. DON or designee to audit daily weights 2x/week for three weeks then 1x/week for three weeks then monthly thereafter. The audits will be reviewed and monitored through QA monthly. To be completed by December 4, 2013. | 12/04/2013 | | | |

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| | <p>The physicians order, dated 10/28/2013, was to give Boost (high calorie, nutritional supplement) 237 milliliters three times every day. The Minimum data set (MDS) assessment, dated 10/11/2013, indicated Resident #52 was interviewable. The nutritional status indicated Resident #52's height was 64 inches, weight was 110 pounds, and body mass index (BMI) was 18.9.</p> <p>The SUPPLEMENTAL ADL (activities of daily living) RECORD indicated the following meal consumption's:</p> <p>Breakfast: 25% on 10/9 & 1016/2013. 50% on 10/7,10/8,10/10, & 10/11/2013 75-100% on 10/12, 13, 14, 15, and 17 through the 30th.</p> <p>Lunch: 25% on 10/16/2013. 50% on 10/7/2013 75-100% 10/8-15/2013, and 10/17-30/2013.</p> <p>Dinner: 75-100% 10/7-30/2013</p> <p>On 10/30/2013 at 2:00 p.m., the Director of Nursing (DON) provided Resident #52's weight log. This record indicated Resident #52's</p> | | | | | | |

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| | <p>weight on 10/7/13 was 120, and on 10/14/2013 was 110 pounds.</p> <p>On 10/30/2013 at 2:05 p.m., during an interview LPN #9 indicated Boost had not been given since the order was written. LPN #9 indicated the order had not been transcribed correctly. Review of the computer medication administration record indicated Boost had not been given.</p> <p>On 11/01/2013 at 9:00 a.m., during an interview with Resident #52 she indicated she didn't like breakfast as well as lunch and dinner. She indicated she had started taking the boost 2-3 times daily and believed it had helped. At this same time an observation of the resident's breakfast tray, indicated she had eaten half of the food provided.</p> <p>2. During the first observation on 10/29/13 at 2:42 p.m., Resident (H) was in contact isolation related clostridium difficile. Resident (H) was not awake and family were at her bedside.</p> <p>During the survey, Resident (H) was observed out of bed only on 11/1/13. She was seated in her recliner in her room.</p> | | | | |

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| | <p>Diagnoses for the resident included, but were not limited to, history of a femur fracture, diabetes mellitus, debility, clostridium difficile, hypertension and anxiety.</p> <p>The readmission Minimum Data Set (MDS) assessment, dated 10/11/13, indicated Resident (H) had severe cognitive impairment. Resident (H) received the following Activities of Daily Living (ADL) assistance; transfer-extensive assistance with two person assist, ambulation-did not occur, hygiene and bathing-extensive assistance with two person assist and toilet use-frequently incontinent of urine and always incontinent of bowel. Resident (H) was transferred by a Hoyer lift.</p> <p>The health care plan assessment, dated 9/7/13 and updated 10/14/13, indicated Resident (H) had a problem with potential weight loss related to a positive clostridium difficile culture with watery diarrhea and loss of appetite. Interventions for the problem included, but were not limited to, monitor weights per protocol, provide clear liquid diet as needed, frequent oral intake and administer antibiotics, anti-pyretics and anti-emetics as ordered.</p> | | | | |

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| | <p>During review of the Medication Administration Record (MAR) for the month of October, Pedialyte (oral electrolyte solution) 240 ml by gastrostomy tube to be given three times daily was ordered. The MAR indicated Resident (H) did not receive 13 doses of Pedialyte. The Pedialyte was not given on 10/16, 10/17 x 2, 10/18 x 3, 10/19 x 3 10/22 x 2, 10/23 and 10/26 related to medication availability issues.</p> <p>During review of the Treatment Administration Record (TAR) for the month of October, an order for daily weights starting on 10/18/13 for 14 days was received. During review of the daily weight record, no weights for 10/23, 10/24, 10/25, 10/26 or 10/27 were found.</p> <p>The initial weight on 10/18/13 was 122.8 lbs and 120 lbs on 10/30/13.</p> <p>During an interview on 11/1/13 at 9:47 a.m., Physical Therapist #99 indicated Resident (H) currently received physical therapy, occupational therapy and speech therapy. She indicated approximately 1 week ago, Resident (H) was doing very well but has since had a decline in health. She indicated she currently needs a lot of assistance.</p> | | | |

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| | <p>During an interview on 11/1/13 at 1:04 p.m., the DoN indicated no additional weights were found. The DoN also indicated she was not in the building during the time the Pedialyte was not given. She indicated when she realized the resident had not received the Pedialyte, she went and picked some up. She indicated the facility had concerns with the contracted pharmacy supplying medication orders on time.</p> <p>3.1-46(a)(1)</p> | | | |

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| F000329 SS=D | <p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</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 observation, interview, and record review, the facility failed to ensure that non-pharmacological interventions and pain assessment evaluations were used for 1 of 5 residents reviewed for unnecessary medications in a sample of 5. (Resident # 38)</p> <p>Findings include:</p> <p>On 10/31/13 at 2:25 p.m., Resident # 38 was observed in physical therapy</p> | F000329 | <p>Facility cannot correct the alleged deficiency related to Resident #38 due to occurring in the past. Facility to review all guests with physician orders for PRN pain medications. Facility to review all guests with physician orders for PRN pain medications to ensure pain assessment evaluations are being used. Nursing staff to be in-serviced regarding non-pharmacological interventions and completion of pain assessment evaluations. DON or designee to review pain assessment evaluations 5x/week</p> | 12/04/2013 | | | |

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| | <p>with a hot pack on her shoulder.</p> <p>Resident # 38's record was reviewed on 10/31/13 at 3:48 p.m. The resident's diagnoses included, but were not limited to, urinary tract infection, malignant neoplasm within digestive organs and peritoneum, chronic kidney disease, Irritable bowel syndrome, essential hypertension, muscle spasm, depressive disorder, joint pain, and osteoarthritis.</p> <p>Physician's orders were as follows: 10/8/13, Tramadol 50 mg tablet, 1 tablet by mouth every 4 hours as needed for pain; 10/9/13, acetaminophen 300 mg - codeine 15 mg tablet, 1 tablet by mouth every 4 hours for pain, 10/10/13, Oxycontin 10 mg extended release tablet, 1 tablet by mouth every 12 hours for pain.</p> <p>On 11/1/13 at 8:42 a.m., the October, 2013, medication administration record was reviewed. The record indicated acetaminophen 300 mg-codeine 15 mg was administered to resident # 38 with no information related to the effectiveness of the pain medication on the following dates and times: 10/10/13 at 7:47 a.m. 10/10/13 at 8:25 p.m.</p> | | <p>for three weeks, then 2x/week for three weeks then weekly thereafter. The audits will be reviewed and monitored through QA monthly. To be completed by December 4, 2013.</p> | | | | |

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| | <p>10/11/13 12:05 a.m. 10/12/13 2:43 p.m. 10/14/13 2:33 p.m. 10/14/13 11:07 p.m. 10/15/13 9:01 a.m. 10/16/13 5:30 a.m. 10/17/13 9:11 a.m. 10/17/13 10:59 p.m. 10/18/13 10:38 p.m. 10/19/13 2:45 a.m. 10/19/13 12:02 p.m. 10/19/13 9:46 p.m. 10/20/13 3:15 a.m. 10/22/13 12:55 a.m. 10/23/13 11:36 p.m.</p> <p>No information was indicated related to pain assessments, prior to or after administration, and non pharmacological intervention attempts related to the pain medication administrations.</p> <p>The clinical record review indicated, on 10/30/13 at 12:45 a.m., an ice pack was requested by resident # 38 and was applied by staff. The entry indicated that staff repositioned resident # 38. On 10/30/13 at 1:45 a.m., the clinical record indicated that staff administered acetaminophen 300 mg - codeine 15 mg without a pain assessment prior to or following administration of the medication being entered into the clinical record.</p> | | | | | | |

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| | <p>A care plan titled: "Comprehensive Care Plan: Pain Management" was received from DoN on 11/1/13 at 3:35 p.m. Interventions included: "Observe for Indicators of Pain QS (every shift) during Routine Care-giving, Administer Pain Medication(s) As Indicated / Prescribed, and Monitor Effectiveness of Pain Management Intervention(s)." Other pain orders described as: "Adjunctive Pain Orders" included "Report Immediately any Sx (symptoms); Of Adverse Drug Reaction; Consult with MD when Pain Regimen changes are Indicated for Inadequate Pain Relief and Unpleasant Side Effects."</p> <p>Also listed on the Pain care plan were "Non-pharmacological Approaches" including, but not limited to: "heat therapy(moist), cold compress therapy, music therapy, frequent position changes, massage / touch therapy, splinting / support, diversional activities, breathing and relaxation exercises, and guided imagery."</p> <p>On 11/1/13 at 10:15 a.m., during an interview with RN # 7, she indicated that nursing staff conducted pain assessments before administering</p> | | | | |

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| | <p>pain medication and performed routine follow up assessments after the medication had time to take effect. She indicated the nursing staff made attempts to utilize non-pharmacological interventions as an alternative to pain medication when possible, and documented those attempts in the clinical record. She indicated a pain medication tracking form was utilized, but that nursing staff would sometimes document pain assessments in the nurse progress notes. She indicated that some entries that should be in resident # 38's pain medication tracking form were missing.</p> <p>On 11/1/13 at 3:38 p.m., during an interview with the DoN, she indicated that a number of pain medication assessment and follow up fields were missing entries by nursing staff for resident # 38's October 2013, medication administration record. She also indicated that the entries "probably should have been" completed by staff.</p> <p>On 10/31/13 at 11: 22 a.m., Resident # 38, was interviewed. She indicated that staff sometimes "gives me a hot pack for my shoulder pain." She indicated not liking to take pain medication.</p> | | | |

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| | 3.1-25(b)(2) 3.1-48((a)(3) | | | | |

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| F000356 SS=C | <p>483.30(e) POSTED NURSE STAFFING INFORMATION</p> <p>The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census. <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation and interview, the facility failed to ensure the nurse staff posting was current and accurate, for 3 out of 5 days reviewed. This had the potential to impact 38 out of 38 residents residing</p> | F000356 | Facility to correct current nursing staff posting. Facility is unable to correct the alleged deficiency due to occurring in the past. 38 guests residing on D-Wing and E-Wing had the potential to be affected by the alleged deficiency. Facility to | 12/04/2013 | | | |

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| | <p>in the facility.</p> <p>Findings include:</p> <p>On 10/28/2013 at 9:15 a.m., upon entering the facility, the daily nurse staff posting, dated for 10/24/2013, was observed at the front desk. The posting indicated only the number of staff for each day.</p> <p>On 11/01/2013 at 08:05 a.m., the Nurse Staffing Posting, dated 10/31/2013, indicated only the number of staff for each discipline, not the hours worked every day.</p> <p>The "Daily Nursing Staff" for 11/1, 10/28, and 10/24/2013 only were provided by Medical Record #20.</p> <p>The nursing staff posting indicated the following:</p> <p>11/1/13: Day Shift- 1 RN, 5 CNA's, 3 LPN's Evening Shift-1 RN, 4 CNA's, 1 LPN, 1 QMA. Night Shift- 1 RN, 2 CNA's, 1 LPN, 1 QMA</p> <p>10/28/13: Day Shift- 1 RN, 3 CNA's, 3 LPN's Evening Shift-1 RN, 4 CNA's, 1 LPN, 1 QMA</p> | | <p>correct daily nursing staff posting. Executive Director or designee to in-service personnel responsible to daily nursing staff posting regarding procedures for posting. Executive Director or designee to audit daily nursing staff posting daily x3 weeks then 2x week for three weeks then monthly thereafter. The audits will be reviewed and monitored through QA monthly. To be completed by December 4, 2013.</p> | | | | |

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| | <p>Night Shift- 1 RN, 2 CNA's, 1 LPN, 1 QMA</p> <p>10/24/2013 Day Shift- 1 RN, 4 CNA's, 3 LPN's</p> <p>Evening Shift-1 RN, 4 CNA's, 1 LPN</p> <p>Night Shift- 2 RN"s, 2 CNA's 1 QMA</p> <p>On 11/01/2013 at 8:55 a.m., during an interview, Medical Records #20 indicated she was responsible for posting the nurse staffing. She indicated nurse staffing was generally posted at 8:30 a.m., and was kept for 1 year. She also indicated staff posting was not updated during the day if an absence had occurred.</p> <p>On 11/01/2013 at 10:20 a.m., during an interview Medical Records Staff #20 indicated there was not a facility policy for posting of nurse staffing, and the facility followed the regulations as a policy.</p> <p>3.1-13(a)</p> | | | | |

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| F000371 SS=E | <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 Based on observation, interview, and record review, the facility failed to ensure that food was stored, served, prepared, and distributed under sanitary conditions for 4 of 4 kitchen and dining/servery observations. This deficient practice had the potential to effect 37 residents receiving meals from the facility kitchen.</p> <p>Findings include:</p> <p>1) On 10/28/13, during an initial kitchen tour with the Dietary Manager (DM) from 10:24 a.m. to 10:59 a.m., a hairnet was observed on the floor of the walk in freezer along with a frozen carrot piece and a few scattered frozen peas.</p> <p>2) On 10/28/13 at 11:23 a.m., lunch was observed in the main dining room. Cook # 1 was observed to wash her hands for 10 seconds, then proceeded to prepare plates of food for the lunch meal for residents in the dining room.</p> | F000371 | <p>Facility is unable to correct the alleged deficiency due to occurring in the past. 37 guests receiving meals had the potential to be affected by the alleged deficiency. Dietary staff to be in-serviced regarding policy for proper food storage, sanitation and serving. Executive Director or designee to audit the kitchen and dining rooms to ensure proper sanitation, storing and serving 5x/week for three weeks then 2x/week for three weeks then weekly thereafter. The audits will be reviewed and monitored through QA monthly. To be completed by December 4, 2013.</p> | 12/04/2013 | | | |

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| | <p>3) A kitchen observation was performed on 10/30/13 at 10:20 a.m. A clear plastic measuring / serving bowl stored in the dry storage area was observed to have yellow residue on the bottom of container.</p> <p>On 10/30/13 at 10:46 a.m., during an interview, the DM indicated the clear plastic containers used in the kitchen area were not in good quality condition and they should be thrown out.</p> <p>4) An observation of the kitchen dishwashing area was performed on 10/31/13 from 10:01 a.m. to 10:10 a.m. Dietary aide #3 was observed. She handwashed for four seconds, dried her hands, lifted a garbage can lid, and threw away the paper towel that she used to dry her hands. She then took clean dishes out of the dishwasher. Dietary aide #3 was observed to handwash for three seconds, disposed of a soiled paper towel into a garbage can next to the sink after lifting the lid with her bare hand, then touched clean trays that just came out of the dishwasher. Dietary aide #3 was observed to handwash for 8 seconds, drying her hands with a paper towel, lifting the garbage lid with her bare hand, and</p> | | | | | | |

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| | <p>disposing of the paper towel. She was then observed moving clean dishes to the drying rack.</p> <p>On 10/31/13 9:51 a.m., during an interview, the DM indicated that handwashing in the kitchen should be for at least 20 seconds. The DM indicated hairnets should be worn by all staff on the head, but she indicated she was unsure if facial hair needed to be covered. Dietary aide #2 was observed with an uncovered beard at this time and was slicing strawberries.</p> <p>On 10/31/13 at 10:09 a.m., during an interview, Dietary aide # 3 indicated the facility usually had gloves to use to open the garbage lid, but that she was unable to find any gloves today.</p> <p>5) During a dining room observation of the main dining room on 10/31/13 at 11:22 a.m., Cook # 1 picked up a small bowl with her fingers on the inside of the bowl, then was observed to fill this bowl with baked beans.</p> <p>During a kitchen observation on 10/31/13 from 9:45 a.m. to 10:19 a.m., 1 of 1 teflon frying pans was observed with a yellow dried substance on the inside of the bottom of the pan. Also, this same pan was</p> | | | | |

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| | <p>observed with a brown, scratched up interior. The Dietary Manager indicated the frying pan was ready for use.</p> <p>On 10/31/13 at 10:13 a.m., during an interview, the DM indicated the puree container was still "a little wet" from being recently washed and the puree container "probably should be dry" when pureeing food.</p> <p>6) An observation of the dining room / servery, near the therapy area was conducted on 10/31/13 at 11:57 a.m., Cook # 1 was observed in dining room as she washed her hands after preparing food. She was observed washing her hands for 12 seconds. She then pushed a food cart container out of the servery area. Dietary aide # 3 was observed to wash her hands for 9 seconds. She was observed to then pick up plates and poured iced tea and served a room tray for an unidentified resident and then continued to serve food items. Cook # 1 was observed to pick up plates with her fingers touching the middle of the plate as she was serving food.</p> <p>7) On 10/31/13 at 11:43 a.m., during an interview with Cook # 1, she indicated that one should handwash</p> | | | |

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| | <p>for 20 seconds. She also indicated that plates and bowls should be picked up on the outside or outside edges of the dishware to avoid contaminating the dishes.</p> <p>8) On 10/31/13 at 11:49 a.m., during an interview, Dietary aide # 29 indicated that to handwash, he would wash with soap for five seconds, rinse for 20 seconds, and then dry his hands with paper towels and then turn the faucet off with paper towels.</p> <p>9) On 11/1/13 at 9:30 a.m. during a main dining room observation, Dietary Aide # 4 held out 3 glasses that were stored in dining room cupboard for surveyor viewing. Two of the glasses were observed to be wet on the inside of the glasses and one glass had a brown spot on the inside of the glass. Dietary aide # 4 indicated that these glasses were ready for use.</p> <p>10) On 11/1/13 at 3:32 p.m. during an interview, the Nursing Consultant indicated that the facility did not have a policy on clean dish storage.</p> <p>11) The "Hand Hygiene" policy was provided by the administrator on 11/1/13 at 12:40 p.m. The current policy indicated the following: "PURPOSE: To decrease the risk</p> | | | | |

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| | <p>of transmission of infection by appropriate hand hygiene. POLICY: Handwashing / Hand hygiene is generally...to...healthcare associated infections... ...1. HANDWASHING ...C. Wash well under running water for...a rotary motion and friction...."</p> <p>The "Personnel Sanitation Standards" policy was provided by the Administrator on 11/1/13 at 8:30 a.m. The current policy indicated the following: "PURPOSE: Maintain sanitation among food and dining services personnel. POLICY...Food and dining services personnel follow sanitary standards and practices. ...1. ...a. Hair must be restrained or covered (via hat or hair net).</p> <p>A facility policy titled "Safe Food Handling" was received from the facility Administrator on 10/30/13 at 3:35 p.m. Number 16 in the policy states, "All food choppers, mixers, slicers, processors, and blenders should be cleansed, sanitized, dried, and reassembled after each use. The should be kept covered when not in use."</p> | | | | | | |

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| | 3.1-21(i)(1) 3.1-21(i)(2) | | | | |

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| F000372 SS=D | <p>483.35(i)(3) DISPOSE GARBAGE & REFUSE PROPERLY The facility must dispose of garbage and refuse properly.</p> <p>Based on observation, interview, and record review, unused garbage cans were uncovered for 1 of 3 garbage cans observed in the kitchen and for 1 of 1 in the main dining room.</p> <p>Findings include:</p> <p>On 10/28/13 at 10:39 a.m., and 10/31/13 at 9:50 a.m., during a kitchen observation, a garbage can was observed uncovered next to the three sink dishwasher area. No staff were in the area at the time. During both observations papers and food debris were observed in the open garbage can.</p> <p>On 10/31/13 at 12:01 p.m., an uncovered garbage can was observed attached to the dirty dish cart. Paper towel debris and food debris were observed in this garbage container.</p> <p>During an interview with the Dietary Manager on 11/1/13 at 10:42 a.m., she indicated that garbage cans in the dining room serving area across from the therapy area "probably should" be covered.</p> | F000372 | <p>Facility to correct garbage cans in kitchen and dining room to ensure they are lined and covered. All guests had the potential to be affected by the alleged deficiency. Facility to correct garbage cans in kitchen and dining room to ensure they are lined and covered. Dietary staff to be in-serviced regarding proper refuse and garbage disposal. Executive Director or designee to audit the kitchen and dining rooms to ensure proper refuse and garbage disposal 5x/week for three weeks then 2x/week for three weeks then weekly thereafter. The audits will be reviewed and monitored through QA monthly. To be completed by December 4, 2013.</p> | 12/04/2013 | | | |

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| | <p>A facility policy titled "Garbage & Rubbish Disposal" was received from the facility Administrator on 10/30/13 at 3:35 p.m. The policy states "The garbage and rubbish shall be disposed"</p> <p>Number 23 on facility policy titled "Safe Food Handling" states "Keep all trash and garbage cans covered except when being used. Do not place cans next to food preparation areas or clean dishware."</p> <p>3.1-21(i)(5)</p> | | | |

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| F000441 SS=D | <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview, and record review, the facility failed to</p> | F000441 | Facility is unable to correct alleged deficiency for Resident | 12/04/2013 | | | |

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| | <p>ensure infection control practices were followed related to hand washing for 2 of 2 observations during resident's care. (CNA #16, RN #7, Resident #23).</p> <p>Findings include:</p> <p>1. On 10/31/2013 at 9:26 a.m., CNA #16 was observed to wash her hands for 10 seconds. At this same time, during an interview she indicated she knew to wash hands for 20 seconds. She then was observed to continue down the hallway into a Resident's room. No further handwashing/hand sanitizer was observed.</p> <p>On 11/01/2013 at 12:40 p.m., the Director of Nursing (DON) provided the facilities "HAND HYGIENE" policy. This current policy indicated:</p> <p>"...C. Wash well under running water for a minimum of 15 seconds, using a rotary motion and friction...."</p> <p>2. During observation on 10/29/13 at 8:48 a.m., RN #7 was observed to give Resident #23 her medications. RN #7 then donned clean gloves, swabbed the central line hub with alcohol for approximately 3 seconds, flushed with normal saline, swabbed the hub again for approximately 3</p> | | <p>#23 due to occurring in the past. All guests had the potential to be affected by the alleged deficiency. Nursing staff to be in-serviced on policy and procedures for hand washing. DON or designee to audit nursing staff hand washing during job duties as well as auditing return demonstrations for hand washing 5x/week for three weeks, 2x/week for three weeks then weekly thereafter. Facility will monitor two return demonstrations 5x/week. The audits will be reviewed and monitored through QA monthly. To be completed by December 4, 2013.</p> | | | | |

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| | <p>seconds and flushed with Heparin (a medication used to prevent blood clots). RN #7 removed her gloves and went into the bathroom and washed her hands for approximately 10 seconds.</p> <p>Review of a current facility policy dated 2012, titled "Catheter Related Bloodstream Infection Prevention", which was provided by the Director of Nursing on 11/1/13 at 1:15 p.m., indicated the following;</p> <p>"A. Perform hand hygiene procedures, either by washing hands with conventional soap and water or with alcohol-based hand rubs (ABHR). Hand hygiene should be performed before and after palpating catheter insertion sites as well as before and after inserting, replacing, accessing, repairing, or dressing an intravascular catheter."</p> <p>3.1-18(a)</p> | | | | |

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| F000498 SS=C | <p>483.75(f) NURSE AIDE DEMONSTRATE COMPETENCY/CARE NEEDS The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>Based on record review and interview, the facility failed to ensure CNA's passed fresh ice water to residents each shift unless it was requested by the resident for 2 of 27 residents interviewed. (Resident #'s J, 80)</p> <p>Findings include:</p> <p>1. Resident #J was interviewed on 10/29/13 at 8:51 a.m., and he indicated fresh water had to be requested. He indicated it was not passed on a regular basis.</p> <p>During an interview with the Director of Nursing on 10/31/13 at 2:05 p.m., she indicated Resident #J had no cognitive impairment. She indicated ice water was to be passed every shift and provided a 9/10/13, CNA Inservice indicating ice water needed to be refreshed at the beginning/early in the shift.</p> <p>2. On 10/31/2013 at 9:45 a.m., during an interview Resident #80</p> | F000498 | <p>Facility is unable to correct alleged deficiency for Resident J and 38 due to occurring in the past. Facility to audit all guests to ensure ice water is being received. Nursing staff to be in-serviced regarding procedures for passing ice water each shift. Executive Director or designee to audit all guests to ensure ice water is being passed each shift 5x/week for three weeks then 2x/week for three weeks then weekly thereafter. The audits will be reviewed and monitored through QA monthly. To be completed by December 4, 2013.</p> | 12/04/2013 | | | |

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| | <p>indicated the facility had not been passing ice water twice a day until this week.</p> <p>On 10/31/2013 at 10:01 a.m., during an interview RN #10 indicated CNA's should pass ice water every shift, and third shift changed the cups.</p> <p>On 11/01/2013 at 10:35 a.m., during an interview CNA #16 indicated the CNA's were responsible to pass ice water every shift. She indicated there were times they missed passing ice water because they were too busy, but the Resident's usually asked for it if they haven't brought it.</p> <p>On 10/31/2013 at 9:15 a.m., Resident #80's record was reviewed. The resident's diagnoses included, but were not limited to, acute kidney failure, dehydration, bacteremia, abdominal actinomycosis, chronic kidney disease, chronic duodenal ulcers, abdominal pain, atrial fibrillation, diabetes mellitus type 2, hypertension, hyperlipidemia, depression, and osteoarthritis.</p> <p>The "SUPPLEMENTAL ADL (activities of daily living) RECORD" for 10/2013 indicated Resident #80's daily fluid intake ranged from 640-1300 cc's. No information was</p> | | | | |

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| | <p>indicated related to resident's fluid intake needs.</p> <p>3. During a staff interview on 10/29/13 at 2:25 p.m., CNA #11, who was working on Unit D, indicated water would be passed at the beginning of every shift and periodically if residents requested water.</p> <p>4. During a staff interview on 10/29/13 at 3:30 p.m., CNA #12, who was working on Unit E, indicated water was passed at the beginning of the shift and also if the resident requested more water.</p> <p>3.1-14(i)</p> | | | | | | |

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| R000216 | <p>410 IAC 16.2-5-2(c)(1-4)(d) Evaluation - Noncompliance (c) The scope and content of the evaluation shall be delineated in the facility policy manual, but at a minimum the needs assessment shall include an evaluation of the following: (1) The resident ' s physical, cognitive, and mental status. (2) The resident ' s independence in the activities of daily living. (3) The resident ' s weight taken on admission and semiannually thereafter. (4) If applicable, the resident ' s ability to self-administer medications. (d) The evaluation shall be documented in writing and kept in the facility.</p> <p>Based on observation, interview and record review, the facility failed to ensure residents were properly assessed for self administration of medication for 1 of 5 observed during medication administration. (Resident K)</p> <p>Findings include:</p> <p>During medication administration observation on 10/31/13 at 8:40 a.m., Resident (K) was waiting by the medication cart to receive her medications. Resident (K) was given 12 oral medications by LPN #28 which were provided in a medication cup. Resident (K) took the medication back to her room.</p> <p>During an interview on 10/31/13 at</p> | R000216 | <p>Facility to update Resident K's self administration of medication assessment. Facility is unable to correct alleged deficiency due to occurring in the past. Facility to update all self administration of medication assessments. Facility to update all self administration of medication assessments. Nursing staff to be in-serviced regarding policy and procedures for self administration of medication assessment.Executive Director or designee to audit self adminsitration of medication assessments monthly x3 then quarterly thereafter. The audits will be reviewed and monitored through QA monthly.To be completed by December 4, 2013.</p> | 12/04/2013 | | | |

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| | <p>8:42 a.m., LPN #28 indicated Resident (K) would not allow anyone to observe her taking her medications and she just took them back to her room.</p> <p>During review of Resident (K)'s clinical record, the record did not indicate Resident (K) had been assessed or authorized to self administer medications.</p> <p>Diagnoses for the resident included, but were not limited to, ischemic heart disease, hypertension, hyperlipidemia and pancreatic disease.</p> <p>Review of a current facility QMA job description, titled "Key Essential Duties", which was provided by the RDO on 11/1/13 at 3:26 p.m., indicated the following;</p> <p>"Comply with applicable federal and state laws, regulations, company policies and procedures, workplace rules, and standards of conduct.</p> <p>Only administer meds personally prepared; does not leave meds at bedside without physician's orders to self-administer."</p> <p>No additional information was provided related to Resident (K) self</p> | | | | |

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| R000240 | <p>410 IAC 16.2-5-4(d) Health Services - Deficiency (d) Personal care, and assistance with activities of daily living, shall be provided based upon individual needs and preferences.</p> <p>Based on interview and record review, the facility failed to ensure a Qualified Medical Assistant (QMA) received the appropriate authorization prior to giving a Pro Re Nata (PRN) medication for 6 of 6 residents reviewed for PRN medication use. (Resident B, D, E, F, G and K)</p> <p>Findings include:</p> <p>From 10/28/13-11/1/13, the clinical records of Resident (B), (D), (E), (F), (G) and (K) were reviewed. No information was found related to QMA's receiving authorization prior to administering PRN medications.</p> <p>During an interview on 11/1/13 at 3:27 p.m., the Regional Director of Operations (RDO) indicated the QMA's had not been documenting when a PRN medication had been given. She further indicated the QMA's should have been documenting somewhere when they contacted a licensed nurse for authorization. She indicated they were practicing outside of their clinical scope.</p> | R000240 | <p>Facility is unable to correct alleged deficiency for Resident's B, D, E, F, G and K due to occurring in the past. All guests on C-Wing with a PRN medication order had the potential to be affected by the alleged deficiency. Nursing staff to be in-serviced regarding policy and procedures for administration of PRN medications. DON or designee to audit administration of PRN medications 5x/week for three weeks then 2x/week for three weeks then weekly thereafter. The audits will be reviewed and monitored through QA monthly. To be completed by December 4, 2013.</p> | 12/04/2013 | | | |

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| | <p>The Medication Administration Records (MAR)'s were requested for review, but the RDO declined to print them, indicating the authorization would not be on the MAR.</p> <p>Review of a current facility QMA job description, titled "Key Essential Duties", which was provided by the RDO on 11/1/13 at 3:26 p.m., indicated the following;</p> <p>"Comply with applicable federal and state laws, regulations, company policies and procedures, workplace rules, and standards of conduct."</p> | | | |

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| R000408 | <p>410 IAC 16.2-5-12(c) Infection Control - Noncompliance (c) Each resident shall have a diagnostic chest x-ray completed no more than six (6) months prior to admission. Based on interview and record review, the facility failed to ensure residents received a tuberculin test on admission or annually for 3 of 7 sampled residents. (Resident B, D and K)</p> <p>Findings include:</p> <p>Clinical record review, on 10/31/13 at 2:20 p.m., indicated Resident (B) was admitted to the facility on 5/17/13. During review of the current immunization record, Resident (B) did not receive a 1st or 2nd step tuberculin test or risk assessment.</p> <p>Clinical record review, on 10/31/13 at 3:20 p.m., indicated Resident (D) was admitted to the facility on 12/26/12. During review of the current immunization record, Resident (D) received the 1st tuberculin test on 1/1/13 and the 2nd tuberculin test on 1/3/13.</p> <p>Clinical record review, on 10/31/13 at 4:00 p.m., indicated Resident (K) was admitted to the facility on 9/11/12. During review of the current immunization record, Resident (K) did</p> | R000408 | <p>Facility to adminster and update tuberculin tests for Resident's B, D, and K. Facility to audit all C-Wing guests for admission and annual tuberculin tests. Facility to audit all C-Wing guests for admission and annual tuberculin tests. Nursing staff to be in-serviced regarding policy and procedures for administering tuberculin tests on admission and annually thereafter. Medical Records or designee to implement a monthly audit tool for upcoming annual tuberculin tests. Medical Records or designee to audit all new admissions for tuberculin tests 5x/week for three weeks then 2x/week for three weeks then weekly thereafter. The audits will be reviewed and monitored through QA monthly. To be completed by December 4, 2013.</p> | 12/04/2013 | | | |

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| | <p>not receive an annual tuberculin test or risk assessment.</p> <p>During an interview on 11/1/13 at 3:27 p.m., the Regional Director of Operations indicated Resident (K) was scheduled for an annual tuberculin test on 10/3/13, but it was not done.</p> <p>No additional information was provided related to tuberculin tests.</p> | | | | |