

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155191	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/04/2015
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2210 GREENTREE N CLARKSVILLE, IN 47129
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included a State Residential Licensure Survey.</p> <p>Survey dates: May 26, 27, 28, 29, June 01, 02, 03, and 04, 2015</p> <p>Facility number: 000100 Provider number: 155191 AIM number: 100266130</p> <p>Census bed type: SNF/NF: 75 Residential: 84 Total: 159</p> <p>Census payor type: Medicare: 15 Medicaid: 38 Other: 22 Total: 75</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	F000 Preparation and execution of this plan of correction do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/ or executed solely because it is required by the provisions of federal and state law.	

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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F 0157 SS=D Bldg. 00	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on observation, interview and record review, the facility failed to notify the physician of medication refusal and an elevated temperature (Resident #31), and a skin tear (Resident #132) for 2 of 2</p>	F 0157	<p>F157 Notify of Changes(injury/decline/room,)Etc. SS D The facility will ensure this requirement is met through the following measures:</p>	07/04/2015

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	<p>residents reviewed for significant changes.</p> <p>Findings include:</p> <p>1. The clinical record for Resident #31 was reviewed on 5/29/15 at 2:05 p.m. Diagnoses included, but were not limited to, atrial fibrillation, coronary artery disease, hypertension and diabetes. The most recent MDS (Minimum Data Set) assessment, dated 3/12/15, indicated Resident #31 had no mood or behavior issues.</p> <p>The March, 2015 MAR (Medication Administration Record) indicated Resident #31 refused all 8:00 a.m. medications on 3/28/15, 3/29/15 and 3/30/15 and all 8:00 p.m. medications on 3/27/15, 3/28/15 and 3/29/15.</p> <p>The Physician Order, dated 3/30/15 and untimed, indicated the following: "Send Resident to [name of hospital] for Eval [evaluation] and tx [treatment]. R/T [related to] altered mental status."</p> <p>The Nurses Notes indicated the following:</p> <p>"3/28/15 2:00 am [a.m.] Res [Resident] up sitting on edge of bed. Res [Resident] did not want staff touching him, not even</p>		<p>Resident #31 has been discharged and no longer in the facility. The Bed is repaired and in working order. Resident #132 physician has been notified of the skin tear acquired. All residents have the potential to be affected therefore all nurses notes reviewed for past 30 days to ensure physician notification made when indicated, such as temps, skin tears, Admission/Discharge medication refusal and treatment refusal along with refusal of care.</p> <p>The physician notification with acute changes in condition policy and procedure was reviewed an no changes were indicated at this time. Licensed staff were re-educated on the procedure as well as educated on weekly skin audits. obtaining orders, medication refusals. All skin assessments checked for 30 days with no omissions found as well as 24 hour report, and weekly skin assessments. The DON or her designee will review the nurses notes daily and 24 hour report to ensure the Physician are notified timely with changes of condition every day x 1 week, then 3x's week x 4 weeks than 1x a week for 4 weeks.</p> <p>Finding of these audits will be reviewed during the facilities quarterly assurance meetings and the plan of action adjusted accordingly. The Above correction measures will be completed on or before July 4th,2015.</p>	

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	<p>to change him as Res [Resident] was in a soiled brief. Res [Resident] refused vitals x [times] 3 saying he didn't want anyone fooling with him. Res [Resident] said, "I just want everyone to leave me alone."[sic] This nurse placed call light within reach and told Res [Resident] that If [sic] he needed staff to assist him to press call light."</p> <p>"3/28/15 5:30 AM [a.m.] CNA [Certified Nursing Assistant] asked this nurse for assistance [c with line over it] [with] getting resident changed for the morning. Upon entry, res [resident] was laying on left side [c with line over it] [with] eyes closed, grimacing [sic] and gnashing [grinding] teeth. This nurse asked if res [resident] was in pain and res [resident] said "yes" "all over" [sic], Res [Resident] agreed to take Tylenol [pain medication]. When Tylenol was brought, res [resident] could not get pills in his mouth and then said "nevermind", just leave me alone, please."[sic] This nurse and CNA were able to get resident changed however Res [Resident] was not cooperatie [sic] [c with line over it] [with] anythng [sic] else."</p> <p>"3/27/15 930 pm [9:30 p.m.] [dash] Late entry 3/28/15 Upon HS [bedtime] med [medication] pass resident was in supine position. When this nurse attempted to</p>			

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	<p>raise HOB [head of bed], The [sic] Bed [sic] control did not work. Res [Resident] said that he did not want to sit up on his own and did not want his meds [medications]. Res [Resident] handed meds [medications] back to this nurse. Meds [Medications] were wasted. Refused by res [resident] and not given."</p> <p>"3/28/15 8:00 A [a.m.] Resident refused all AM [morning] meds [medications]. Attempted multiple times. resident [sic] repeatedly refused and refused care from CNA's. On third attempt resident did allow CNA to remove dirty clothes and brief but would not get dressed. Therapy attempted and refused as well [dash] proceve [sic] followed [dash]Res [Resident] laying in bed at this time [sic] Will continue to monitor."</p> <p>"3/28/15 1300 [1:00 P.M.] Resident Temp [Temperature] 100.6 [degree symbol] F [Fahrenheit], Resident refused meds [medications] for fever x [times] 3, will continue to monitor."</p> <p>"3/28/15 1450 [2:50 p.m.] Resident family arrived and after multiple attempts, CNA was let in to change the residents [sic] clothes/brief and put resident in his w/c [wheelchair]. Family was able to get resident to take Tylenol [fever reducer] 650 mg [milligrams] PO</p>			

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	<p>[by mouth] for fever. Resident refused to have v/s [vital signs] taken again. Will continue to monitor [dash] [nurse signature]."</p> <p>"3/28/15 930pm [9:30 p.m.] Res [Resident] refused HS [bedtime] meds [medications] during med [medication] pass."</p> <p>"3/28/15 11pm [11:00 p.m.] Res [Resident] refused V/S [vital signs] [long line] [nurse signature]."</p> <p>"3-2915 [3/29/15] 1450 [2:50 p.m.] Res [Resident] cont [continues] to refuse AM [morning] meds [medications]. Allowed staff to toilet and change res [resident] x [times] 1 today, will cont [continue] to monitor [nurse signature]".</p> <p>"3-30-15 1300 [1:00 p.m.] Resident sent to [name of hospital] for eval [evaluation] and TX [treatment] R/T [related to] change in mental status. Resident refused AM [morning] meds [medications] and told this nurse to "go the hell away.'[sic] Resident was also very lethargic [c with line over it] [with] weakness noted. Family notified. All dept. [department] heads notified. [nurse signature]."</p> <p>During an interview with LPN (Licensed</p>			

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	<p>Practical Nurse) #1 on 6/1/15 at 1:50 p.m., she indicated if a resident refused medications for three days in a row, she would notify the physician. She also indicated if a resident had an elevated temperature, she would notify the physician.</p> <p>During an interview with LPN #2 on 6/1/15 at 2:30 p.m., he indicated a temperature of 100.6 would be a significant change in condition. He also indicated he would notify the physician.</p> <p>The clinical record lacked physician, family and Director of Nursing notification, in a timely manner, of Resident #31's change in condition.</p> <p>2. The clinical record for Resident #132 was reviewed on 5/29/15 at 1:36 p.m. Diagnosis included, but was not limited to, hypertension.</p> <p>On 5/28/15 at 11:00 a.m., Resident #132 was observed lying in bed, with a skin tear, approximately 2 inches long, to his right forearm and 1 steri strip (wound treatment that holds skin together) covering it.</p> <p>On 6/2/15 at 10:45 a.m., Resident #132 was observed sitting up in his wheelchair in his room. Resident #132 was observed</p>			

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	<p>to have a scabbed area to the right forearm and a skin tear, approximately 1 1/2 inches long, with 6 steri strips in place to the left anterior forearm.</p> <p>During an interview with Resident #132 on 6/2/15 at 10:45 a.m., he indicated he hit his arm on the entrance door frame to his room. Resident #132 could not recall which day it happened.</p> <p>The admission paperwork, dated 5/22/15 at 1:55 p.m., indicated Resident #132 was admitted to the facility with a skin tear to the right forearm. There was no documentation indicating the resident had a skin tear to the left anterior forearm.</p> <p>The weekly skin assessment for Resident #132, dated 5/25/15, indicated the skin to the left anterior forearm was intact.</p> <p>During an interview with LPN #3 on 6/3/15 at 3:05 p.m., she indicated Resident #132 should have had a skin assessment completed on 6/1/15 and it was not done. She also indicated the physician and family should have been notified and a treatment order obtained for the skin tear on the left anterior forearm.</p> <p>The clinical record lacked physician/family notification and a</p>			

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	<p>physician order for treatment regarding the skin tear to Resident #132's left anterior forearm.</p> <p>The current, undated policy and procedure titled, "Change in a Resident's Condition or Status", was provided by the Director of Nursing on 6/1/15 at 8:26 a.m. This document included, but was not limited to, the following: "Police [sic] Statement Facility shall promptly notify the resident, his or her attending physician, and representative (sponsor) of changes in the residents condition and/or status...1. The Charge Nurse will notify the residents attending physician when:...B. There is a significant change in the residents physical, mental, or psychosocial status...D. The resident repeatedly refuses treatment or medications (i.e. (3) or more consecutive times)...2. The Charge Nurse will notify the Director of Nursing and the residents next-of-kin or representative (sponsor) when...B. There is a significant change in the residents physical, mental or psychosocial status: deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications...3. Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the residents condition or status...".</p>			

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F 0225 SS=D Bldg. 00	<p>The current policy and procedure titled, "Holding Medications", dated September 2003, was provided by the Director of Nursing on 6/1/15 at 8:26 a.m. It included, but was not limited to the following: "Purpose The purpose of this procedure is to establish uniform guidelines concerning the facility's rules for holding medications....6. If a medication is withheld as a nursing measure or the resident refused the medications for three consecutive days the physician must be notified and all steps documented in the residents record...".</p> <p>3.1-5(a)(2)</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of</p>			

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	<p>law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review, the facility failed to report to the Indiana State Department of Health, an unwitnessed fall resulting in a fracture, for 1 of 4 residents reviewed for accidents. (Resident #44)</p> <p>Findings include:</p> <p>The clinical record for Resident #44 was</p>	F 0225	<p>F225 Investigate/report/allegations/individuals SS D</p> <p>The facility will ensure this requirement is met through the following measures: It is our practice of the facility to investigate/report/allegations/individuals. Resident #44 record was reviewed</p>	07/04/2015

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	<p>reviewed on 6/1/15 at 10:00 a.m. Diagnoses included, but were not limited to, spinal stenosis and osteoporosis. The most recent Quarterly MDS (Minimum Data Set) assessment, dated 2/25/15, indicated Resident #44 was non-ambulatory (unable to walk independently) and required a 2 person assist with transfers.</p> <p>The Nurses Note, dated 5/18/15 at 7:00 a.m., indicated the following: "Resident found on the floor, by CNA [Certified Nursing Assistant] responding to her bed alarm. Res [Resident] was laying suspine [sic] on the left side of he [sic] bed, she had bleedg [sic] [bleeding] coming from her 2nd toe [L circled] [Left] foot. I did not move her, but did a visual assessment as much as possible. Her bed alarm was sounding, side rails up, and call light was in reach. Res [Resident] stated she was trying to get up so she could turn off the Christmas tree lights. notified [family member name], [2nd family member name], called [name of ambulance company] for transfer to [hospital name]. Incident occurred at 0605 [6:05 a.m.], [ambulance company] arrived at 0620 [6:20 a.m.], res [resident] left facility at 0630 [6:30 a.m.]. MD [Medical Doctor] faxed, DON [Director of Nursing] notified. New order for parameter mettress [sic]. VS [Vital Signs] 100/71,</p>		<p>by the ISDH on the week ending in 6/4/2015 of a un-witnessed fall resulting in a fracture. All residents have the potential to be affected and their records have been reviewed per alleged deficient practice. No further action needed at this time all other residents in compliance. All employees will be in-serviced on reporting abuse, neglect, and misappropriation. All unusual occurrences were reviewed for injury and no further action needed to report. The administrator will review daily during schedule work days to ensure compliance with investigating and reporting appropriate allegations of abuse and significant injury. Findings of these audits will be reviewed during the facility's quarterly assurance meetings and the plan of action adjusted accordingly. The above correction measures will be completed on or before July 4,2015.</p>	

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	<p>97, 19, 96.1."</p> <p>The Nurses Note, dated 5/18/15 at 3:30 p.m., included, but was not limited to the following: "Returned from [hospital name] via [ambulance company]...Knee Immobilizer to [circled R] Right leg at all x's [times] r/t [related to] distal femor [sic] fx [fracture]...".</p> <p>The document titled, "Falls Committee Recommendation", dated 5/18/15 and untimed, indicated the following: "Sent to [name of hospital] [dash] Check UA [urinalysis] [dash] parameter mattress to bed."</p> <p>The "Interdisciplinary Team Minutes" note, dated 5/22/15 and untimed, indicated Resident #44 rolled out of bed and found on left side of bed. It indicated resident had a laceration to the left toe and a fractured femur.</p> <p>The document titled, "Falls Committee Recommendation", dated 5/22/15 and untimed, indicated the following: "Returned from [name of hospital] Resident has Lt [Left] distal femur break. Parameter mattress placed on bed. Currently on antibiotic for UTI [urinary tract infection]."</p> <p>A policy titled, "Abuse Reporting", was</p>			

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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>provided by the DON (Director of Nursing) on 6/1/15 at 8:26 a.m. This policy was undated and indicated as current by the DON. This document included, but was not limited to, the following:</p> <p>"...Policy Statement All reports of resident abuse, neglect, misappropriation of resident property, and injuries of an unknown source shall be promptly and thoroughly investigated. ...15. The results of all investigations shall be reported to the state survey and certification agency within five (5) days of the completion of the investigation...."</p> <p>Review of the facility's Indiana State Department of Health reportables, on 6/1/15 at 10:45 a.m., indicated the facility did not report Resident #44's unwitnessed fall that occurred on 5/18/15.</p> <p>During an interview with the Director of Nursing on 6/1/15 at 2:15 p.m., she indicated she did not report the fall to the state because "the resident [Resident #44] has no trouble using her hands".</p> <p>On 6/2/15 at 10:45 a.m., during an interview with the Director of Nursing, she indicated Resident #44's fall on 5/18/15 was unwitnessed.</p>			

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F 0226 SS=D Bldg. 00	<p>3.1-28(c)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on interview and record review, the facility failed to implement and follow policy and procedure regarding an unwitnessed fall, which resulted in a fracture, for 1 of 4 residents reviewed for accidents. (Resident #44)</p> <p>Findings include:</p> <p>The clinical record for Resident #44 was reviewed on 6/1/15 at 10:00 a.m. Diagnoses included, but were not limited to, spinal stenosis and osteoporosis. The most recent Quarterly MDS (Minimum Data Set) assessment, dated 2/25/15, indicated Resident #44 was non-ambulatory (unable to walk independently) and required a 2 person assist with transfers.</p> <p>A policy titled, "Abuse Reporting", was provided by the DON (Director of Nursing) on 6/1/15 at 8:26 a.m. This</p>	F 0226	<p>F226 SSD The facility will ensure this requirement is met through the following measures: Requires that the facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of residents property . The facility will ensure this requirement is met through the following measure. 1. Resident #44 was reviewed by the ISDH during survey ending 6/4/2015. All residents having a unusual occurrence is a risk and have the potential. Residents with a unusual occurrence will be reported by following the policy and procedure and state and federal regulations.3. A Reporting Unusual Occurrence to the state policy was reviewed and no changes are indicated at this time. Licensed and un-licensed staff were re-educated on the "Reporting</p>	07/04/2015

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	<p>policy was undated and indicated as current by the DON. This document included, but was not limited to, the following:</p> <p>"...Policy Statement All reports of resident abuse, neglect, misappropriation of resident property, and injuries of an unknown source shall be promptly and thoroughly investigated...1. When an incident or suspected incident of resident abuse, neglect, misappropriation of resident property, or injury of an unknown source is reported, the administrator will appoint a staff member to investigate the incident...3. The investigation shall consist of: c. Interview with any witnesses to the incident; d. An interview with the resident; e. An interview with the resident's attending physician and review of the resident's medical record; f. An interview with staff members (on all shifts) having contact with the resident during the period of the alleged incident...i. A review of all circumstances surrounding the incident. 4. Witness reports shall be reduced to writing...15. The results of all investigations shall be reported to the state survey and certification agency within five (5) days of the completion of the investigation...."</p> <p>Review of the facility's Indiana State</p>		<p>Unusual Occurrence to the state". 3 b. All employees will be in-serviced on reporting abuse, neglect, and misappropriation.4. The DON or her designee will review all incident reports daily on scheduled work days to ensure policy requirements are met relating to reporting of unusual occurrences. The findings of these reviews will be included during the facility's Quality improvement meetings and plan of action adjusted accordingly.5. The above corrective action will be complete on or before July 4, 2015.</p>	

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F 0309 SS=D Bldg. 00	<p>Department of Health reportables, on 6/1/15 at 10:45 a.m., indicated the facility did not report Resident #44's unwitnessed fall that occurred on 5/18/15.</p> <p>During an interview with the Director of Nursing on 6/1/15 at 2:15 p.m., she indicated she did not report the fall to the State because "the resident [Resident #44] had no trouble using her hands".</p> <p>On 6/2/15 at 10:45 a.m., during an interview with the Director of Nursing, she indicated Resident #44's fall on 5/18/15 was unwitnessed.</p> <p>3.1-28(a)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on record review, observation and interview, the facility failed to assess for causative factors when a resident had a decline and change in condition resulting</p>	F 0309	F309 Provide Care/Services for Highest Well Being F309 requires each resident must receive and the facility must provide the necessary care and services to attain or maintain the	07/04/2015

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	<p>in hospitalization for 1 of 5 residents reviewed for hospitalization (Resident #31) and failed to provide pain assessment and/or management to 1 of 5 residents reviewed who had pain from a fracture and unspecified pain, which affected their daily lives. (Resident #44)</p> <p>Findings include:</p> <p>1. The clinical record for Resident #31 was reviewed on 5/29/15 at 2:05 p.m. Diagnoses included, but were not limited to, atrial fibrillation, hypertension and diabetes. The most recent MDS (Minimum Data Set) assessment, dated 3/12/15, indicated Resident #31 had no mood or behavior issues.</p> <p>The Physician Order, dated 3/9/15 and untimed, indicated the following: "Follow up CXR [chest xray] due to ABT [antibiotic] complete for pneumonia".</p> <p>The document titled, "Radiology Report", dated 3/11/15, included, but was not limited to the following: "[patient name]...CXR 1V [view]...The left chest is clear. On the right there is pneumonia to the lower lung...IMPRESSION:...Right lower lobe pneumonia...". Hand written on the radiology report included, but was not limited to, the following: "[dash] Resident was on levaquin [antibiotic] 750</p>		<p>highest practicable physical, mental and psychosocial wellbeing in accordance with the comprehensive assessment and plan of care. The facility will ensure this requirement is met through the following corrective measures.</p> <p>1. It is the practice of this facility to observe for condition of change including observing for pain and discomfort and signs and symptoms of Pneumonia, Resident #31 on return to the facility was assessed including pain assessment and pain managed accordingly. Their current medical records and care plan reviewed and revised as indicated. Including pain management, need for antibiotics, as well as notification the MD on refusal of medication, increased temperature and refusal of care.</p> <p>2. Any resident experiencing pain has been identified and their current medical record and care plan reviewed to ensure that comprehensive care is clearly addressed. Bed is in working order.</p> <p>3a. All Residents have the potential for being affected and have been assessed. The licensed nurse and the non licensed staff have been re educated on assessment for causative factors when a resident has a decline and change in condition. Along with Pain assessment and management.</p>	

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	<p>mg [milligrams] po [by mouth] x [times] 5 days. ABT done on 3/10/15 [nurse initials]...Is he coughing? Any edema? [physician initials]...NO...OK [physician initials]...". The clinical record lacked any new orders to address Resident #31's pneumonia.</p> <p>The Nurses Notes indicated the following:</p> <p>"3/28/15 2:00 am [a.m.] Res [Resident] up sitting on edge of bed. Res [Resident] did no want staff touching him, not even to change him as Res [Resident] was in a soiled brief. Res [Resident] refused vitals x [times] 3 saying he didn't want anyone fooling with him. Res [Resident] said, "I just want everyone to leave me alone." This nurse placed call light within reach and told Res [Resident] that If [sic] he needed staff to assist him to press call light."</p> <p>"3/28/15 5:30 AM [a.m.] CNA [Certified Nursing Assistant] asked this nurse for assistance [c with line over it] [with] getting resident changed for the morning. Upon entry, res [resident] was laying on left side [c with line over it] [with] eyes closed, grimmacing [sic] and gnashing [grinding] teeth. This nurse asked if res [resident] was in pain and res [resident] said "yes" "all over" [sic], Res [Resident]</p>		<p>Re-in serviced on refusal of care, refusal of medication, how to report equipment malfunction.</p> <p>3b. All residents have the potential for being affected and have been assessed. The licensed staff and non licensed staff have been in serviced on pericare with and without pain, standard of practice. Call lights are in working order as well as in servicing staff on age appropriate communications.</p> <p>4. As a means to ensure ongoing compliance the DON or her designee will review nurses notes or 24 hour report five times a week x2 weeks as well as Mar to ensure compliance that physicians are notified timely concerning pain, refusal of medication, and addressing signs and systems of pneumonia, then twice a week for two weeks, then twice monthly for 2 months by Director of Nursing or designee. Call light audits will be completed weekly on all three shifts x one week and then as needed. The findings of the audits will be reviewed during the facility's monthly quality improvement meetings and the plan of action adjusted accordingly.</p> <p>The above corrective action will be completed on or before July 4th 2015.</p>	

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	<p>agreed to take Tylenol [pain medication]. When Tylenol was brought, res [resident] could not get pills in his mouth and then said "nevermind", just leave me alone, please." This nurse and CNA were able to get resident changed however Res [Resident] was not cooperatie [sic] [c with line over it] [with] anythng [sic] else."</p> <p>"3/27/15 930 pm [9:30 p.m.] [dash] Late entry 3/28/15 Upon HS [bedtime] med [medication] pass resident was in supine position. When this nurse attempted to raise HOB [head of bed], The [sic] Bed [sic] control did not work. Res [Resident] said that he did not want to sit up on his own and did not want his meds [medications]. Res [Resident] handed meds [medications] back to this nurse. Meds [Medications] were wasted. Refused by res [resident] and not given."</p> <p>"3/28/15 8:00 A [a.m.] Resident refused all AM [morning] meds [medications]. Attempted multiple times. resident [sic] repeatedly refused and refused care from CNA's. On third attempt resident did allow CNA to remove dirty clothes and brief but would not get dressed. Therapy attempted and refused as well [dash] proceve [sic] followed [dash]Res [Resident] laying in bed at this time [sic] Will continue to monitor."</p>						

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	<p>"3/28/15 1300 [1:00 P.M.] Resident Temp [Temperature] 100.6 [degree symbol] F [Fahrenheit], Resident refused meds [medications] for fever x [times] 3, will continue to monitor."</p> <p>"3/28/15 1450 [2:50 p.m.] Resident family arrived and after multiple attempts, CNA was let in to change the residents [sic] clothes/brief and put resident in his w/c [wheel chair]. Family was able to get resident to take Tylenol [fever reducer] 650 mg [milligrams] PO [by mouth] for fever. Resident refused to have v/s [vital signs] taken again. Will continue to monitor [dash] [nurse signature]."</p> <p>"3/28/15 930pm [9:30 p.m.] Res [Resident] refused HS [bedtime] meds [medications] during med [medication] pass."</p> <p>"3/28/15 11pm [11:00 p.m.] Res [Resident] refused V/S [vital signs] [long line] [nurse signature]."</p> <p>"3-2915 [3/29/15] 1450 [2:50 p.m.] Res [Resident] cont [continues] to refuse AM [morning] meds [medications]. Allowed staff to toilet and change res [resident] x [times] 1 today, will cont [continue] to monitor [nurse signature]".</p>			

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	<p>"3-30-15 1300 [1:00 p.m.] Resident sent to [name of hospital] for eval [evaluation] and TX [treatment] R/T [related to] change in mental status. Resident refused AM [morning] meds [medications] and told this nurse to "go the hell away.' Resident was also very lethargic [c with line over it] [with] weakness noted. Family notified. All dept. [department] heads notified. [nurse signature]."</p> <p>The Physician Order, dated 3/30/15 and untimed, indicated the following: "Send Resident to [name of hospital] for Eval [evaluation] and tx [treatment]. R/T [related to] altered mental status."</p> <p>During an interview with LPN (Licensed Practical Nurse) #1 on 6/1/15 at 1:50 p.m., she indicated if a resident had an elevated temperature, she would notify the physician.</p> <p>During an interview with LPN #2 on 6/1/15 at 2:30 p.m., he indicated a temperature of 100.6 would be a significant change in condition and he would notify the physician.</p> <p>The clinical record lacked resident assessment for causative factors for Resident #31's change in status.</p>			

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	<p>2. Review of the clinical record for Resident #44 on 5/29/15 at 9:30 a.m., indicated the resident was in a knee immobilizer due to a distal femur fracture that occurred on 5/18/15. Diagnoses included, but were not limited to, spinal stenosis, osteoporosis, liver disease, neuropathy, depression, and anxiety.</p> <p>The Medication Administration Record (MAR) for Resident #44 indicated the resident received two Oxycodone 7.5/325 mg (milligram) tablets (pain medication) on 5/29/15 at 0100 (1:00 a.m.) and two Oxycodone 7.5/325 mg tablets on 5/29/15 at 1500 (3:00 p.m.). The physician's order for the Oxycodone 7.5/325 mg tablets indicates administer one tablet by mouth for mild pain or two tablets for moderate to severe pain, every six hours, as needed. Resident #44 also has a physician's order for hydrocodone-apap (pain medication) 10-325 mg tablets, to be given one tablet by mouth, every six hours, as needed for pain. The hydrocodone-apap 10-325 mg was given on 5/28/15 at midnight and again on 5/29/15 at 8:00 p.m.</p> <p>On 5/29/15 at 10:28 a.m., Certified Nursing Assistant (CNA) #4 and CNA #6 were observed performing incontinence care for Resident #44. During the</p>			

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	<p>provision of care, Resident #44 was rolled by the CNAs eight times and each time expressed pain by grunting and saying verbally she was in pain. The resident was quoted as saying, "Dear God, it hurts so bad" (seven times while being turned in bed), "Make the pain stop", and was also quoted as saying, "Please God, Stop", as the CNAs placed pillows under the resident's legs. Twice during the provision of care, CNA #4, was quoted as saying to Resident #44, "You are not a baby", when the resident voiced pain.</p> <p>During an interview with Resident #44 at the time of care, the resident indicated she was in pain. Resident #44 indicated that she was always in pain, and she does not receive enough pain medicine to make the pain go away.</p> <p>During an interview on 6/3/15 at 1:44 p.m., Licensed Practical Nurse (LPN) #9 indicated Resident #44 does not have a set schedule for pain management but is alert and oriented enough to let the facility know when she is in pain. LPN #9 indicated that she was unaware that Resident #44 was in pain during her incontinence care on 5/29/15 at 10:28 a.m.</p> <p>During an interview on 6/3/15 at 2:00</p>			

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	<p>p.m., Resident #44 indicated she does not get the pain medicine when she would ask for it, and that her pain level in her leg was a nine out of ten (on a pain scale of 1-10, 10 being the worst). Resident #44 indicated that she would use her call light to get the pain medicine but it just takes too long. The resident indicated that it takes so long that she believed the call light was broken and would just have to yell out to get an employees attention.</p> <p>During an interview with CNA #4, at 11:53 a.m. on 6/3/15, CNA #4 indicated if a resident was in pain she would continue with the incontinence care to make the care quicker and not stop the care, but after the care she would inform the nurse of the residents pain.</p> <p>During an interview with CNA #10, at 11:54 a.m. on 6/3/15, CNA #10 indicated if a resident was in pain while performing incontinence care, she would stop the care and inform the nurse of the residents pain.</p> <p>During an interview with CNA #6, at 2:20 p.m. on 6/3/15, CNA #6 indicated if a resident was in pain during incontinence care she would continue treatment until she was finished, because she could not stop right in the middle of the incontinence care.</p>						

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F 0371 SS=E Bldg. 00	<p>During an interview with the Director of Nursing (DON) on 06/02/15 at 10:47 a.m., the DON indicated the policy for the facility was for a Certified Nursing Assistant to stop care and alert a nurse if a resident complains of pain during incontinence care.</p> <p>A document titled, "Administering Pain Medications", was provided by the DON at 1:00 p.m. on 6/4/15 and was indicated as the policy and procedure currently in use. This document indicated, the residents pain is highly individual and subjective, pain is whatever the resident says it is. Acute pain should be assessed every 30 to 60 minutes after the onset and reassessed as indicated after analgesic relief is obtained. Intense pain can result from even minor procedures or surgery and also to be familiar with the physiologic and behavioral signs of pain.</p> <p>3.1-37(a)</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food</p>			

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	<p>under sanitary conditions</p> <p>Based on observation, interview and record review, the facility failed to provide the sanitary handling of food for 11 of 47 residents who ate their meals in the main dining room during 2 of 2 lunch observations. This potentially affected all 47 residents who ate in the main dining room, in that 11 were observed and the remaining 36 had the potential to be affected by the personnel not performing proper hand hygiene during meal service. (Resident's #10, 13, 21, 33, 48, 53, 73, 81, 97, 101, and 105)</p> <p>Findings include:</p> <p>During the lunch observation of the main dining room on 05/26/2015 at 11:45 a.m., the following was observed:</p> <p>1. The Certified Nursing Assistant (CNA) #4 removed a piece of bread from the sleeve it was contained in, with her bare hands, and buttered the bread for Resident #97 and Resident #33. Hand hygiene was not performed between residents.</p> <p>2. The Central Supply Manager (CSM) removed a piece of bread from the sleeve it was contained in, with her bare hands, and buttered the bread for Resident # 10, then peeled Resident #13's banana and</p>	F 0371	<p>F371 Food Procure, Store/Prepare/Serve - Sanitary</p> <p>F371 requires that the facility must store, prepare, distribute and serve food under sanitary conditions.</p> <p>The facility will ensure this requirement is met through the following measures.</p> <p>1. Resident identifying number is 10,13,21,33,48,53,73,81,97,101,105, did not have a negative outcome.</p> <p>2. All residents are at risk for the personal not performing proper hand hygiene during meal service.</p> <p>3. The serving staff have been in serviced on proper hand washing and proper way to handle serving food without touching with their bare hands.</p> <p>4. The Director of Nursing or her designee will audit the meal service five times a week for 2 weeks, then weekly to ensure proper serving of the meal service. The findings of the meal service will be included in the facility's Quality improvement meetings monthly and the plan of action adjusted accordingly.</p> <p>5. The above corrective action will be complete on or before July 4, 2015.</p>	07/04/2015

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	<p>handed it to him, while touching the peeled banana with her bare hands.</p> <p>3. Registered Nurse (RN) #5 removed a piece of bread from the sleeve it was contained in, with her bare hands, and buttered the bread for Resident #48.</p> <p>4. The CSM removed a piece of bread from the sleeve it was contained in, with her bare hands, and buttered the bread for Resident #21.</p> <p>5. The Medical Records Manager (MRM), removed a piece of bread from the sleeve it was contained in, with her bare hands, and buttered the bread for Resident #101.</p> <p>6. The CSM, removed a piece of bread from the sleeve it was contained in, with her bare hands, and buttered the bread for Resident #105. During the lunch observation of the Main dining room on 05/27/15, between 11:45 a.m. and 12:30 p.m., the following was observed:</p> <p>7. The CNA #4 picked up a half consumed hamburger, with her bare hands, and handed it to Resident #53.</p> <p>8. The Minimum Data Set Coordinator, peeled Resident #81's banana and handed</p>			

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F 0441 SS=E	<p>it to her, while touching the peeled banana with her bare hands.</p> <p>9. The CSM removed a cookie from the sleeve it was contained in, with her bare hands, and placed it on Resident #73's plate.</p> <p>10. The CSM removed a cookie from the sleeve it was contained in, with her bare hands, and placed it on Resident #105's plate.</p> <p>A policy titled, "Employee Sanitary Practices", dated August 1, 2012, was provided by the DON on 5/29/2015 at 1:00 p.m. and was identified as current. The policy indicated, employees are to use utensils to handle food or wear disposable gloves when necessary to handle food with their hands.</p> <p>During an interview with the Director of Nursing (DON) on 06/02/15 at 10:47 a.m., the DON indicated employees were not to touch the residents food with their bare hands.</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p> <p>483.65 INFECTION CONTROL, PREVENT</p>			

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Bldg. 00	<p>SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(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.</p> <p>(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.</p> <p>(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 ensure</p>	F 0441	F441 Requires that the facility must establish and maintain and infection control program designed to provide a safe,	07/04/2015			

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	<p>the infection control program was maintained to prevent potential infections for 4 of 5 residents observed receiving care, in that glove changes and handwashing procedures were not completed as necessary (Resident #30, Resident #44 and Resident #54) and scissors used for dressing changes were not properly sanitized before and after use (Resident #56).</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 5/29/15 at 10:00 a.m., Certified Nursing Assistant (CNA) #4 and CNA #6 were observed performing incontinence care on Resident #30. CNA #4 and CNA #6 washed their hands for ten seconds each, upon entering the room to provide incontinence care. CNA #4 was observed to leave the room, without washing her hands, in the middle of incontinence care to retrieve a washcloth. When CNA #4 reentered the resident's room, she washed her hands for three seconds. After completing incontinence care, CNA #4 and CNA #6 were observed to wash their hands for ten seconds upon exiting the room. On 5/29/15 at 10:28 a.m., CNA #4 and CNA #6 were observed performing incontinence care on 5/29/15 on Resident #44. CNA #4 and CNA #6 washed their 		<p>sanitary, and comfortable environment and to prevent the development and transmission of disease and infection. The facility's must establish an infection control program under which it investigates, controls and prevents infections in the facility. The facility will ensure this requirement is met through the following measures: 1. Resident #30, 44, 54, 56 had no negative outcome. 2. All incontinent residents and residents with a dressing have the potential to be at risk. 3. Licensed and non-licensed staff have been reeducated with return demonstration on the perineal care procedure and cleaning of scissors used for dressing, and to provide sanitary environment such as disposing of a paper cup after being knocked to the floor. The revised policy for hand washing also has been in serviced along with return demonstration. 4. The DON or her designee will complete observations of pericare and sanitary dressing changes 10 times a week for 2 weeks, then 5 times a week for 4 weeks, then 10 times a month for 2 months then quarterly thereafter. The finding of these audits will be included during the facility's monthly quality improvement meetings and the plan of action adjusted accordingly. 5. The above corrective measures will be completed on or before July 4,</p>		

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	<p>hands for 15 seconds each, when entering the room. During care, CNA #4 wiped the resident with a wet washcloth, from the buttocks to the labia (back to front motion), the washcloth was observed to have feces on it. CNA #6 rinsed off the feces covered washcloth in the clean rinse water bucket and continued to use the same washcloth to cleanse the residents labia. During care, CNA #6 knocked the residents mug of water off the tray table and onto the floor. CNA #6 retrieved the mug from the floor and returned it to the bedside table without sanitizing it, while wearing the gloves used to perform the incontinence care. After care was completed, CNA #4 was observed to wash her hands for ten seconds and CNA #6 was observed to wash her hands for six seconds prior to exiting the room. After handwashing was performed, CNA #4 poured a cup of water from the resident's water mug and offered it to the resident.</p> <p>3. Licensed Practical Nurse (LPN) #7 was observed performing a pressure ulcer treatment for Resident #56 on 5/29/15 at 11:07 a.m. During treatment, LPN #7 removed scissors from her pocket and used the scissors during treatment. LPN #7 did not sanitize the scissors before the treatment. LPN #7 placed the scissors back into her pocket, without being</p>		2015.				

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	<p>sanitized, after the treatment was completed. LPN #7 was observed to leave the room without washing her hands. LPN #7 disposed of the dirty supplies in the supply closet and then washed her hands for five seconds in another resident's hallway sink.</p> <p>4. CNA #8 was observed providing incontinence care for Resident #54 on 5/29/15 at 1:27 p.m. CNA #8 was observed to wipe the resident from the buttocks to the labia while providing perineal care (back to front motion).</p> <p>During an interview on 5/29/15 at 1:50 p.m., LPN #7 indicated the facility policy is to wash hands for one minute when entering and exiting a resident's room.</p> <p>During an interview on 5/29/15 at 2:17 p.m., CNA #6 indicated the facility policy on handwashing time is to wash hands for the length of time it takes to sing the "Happy Birthday" song twice.</p> <p>During an interview on 5/29/15 at 2:22 p.m., CNA #4 indicated the facility policy on handwashing time is to wash hands for one minute. She also indicated when doing incontinent or perineal care on a female resident she would wipe in a back to front motion (buttocks to labia).</p>			

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	<p>During an interview on 6/2/15 at 10:47 a.m., the Director of Nursing (DON) indicated employees should wash their hands when entering or exiting a resident's room, while doing care or a treatment, and should wash hands for the length of time it takes to sing the "Happy Birthday" song twice or fifteen seconds. She indicated that when wiping a female during incontinence care the Certified Nursing Assistant should wipe from a front to back (labia to buttocks) motion. She indicated it was not policy to rinse a feces covered rag in a cleaning solution while doing incontinence care. She indicated that if a resident's water mug was dropped to the ground by an employee, a new one or a clean one should be provided to the resident. She indicated that if a nurse is using her own personal scissors, they should be cleaned before and after the treatment being provided (after taking them out of her pocket, and before returning them to her pocket).</p> <p>On 5/29/15 at 1:00 p.m., the Director of Nursing provided a copy of the document titled, "Perineal Care", dated September, 2005 and indicated as current. The policy indicated for a female resident's perineal care, the employee would wash the resident from a front to back (labia to buttocks) motion and would not use the</p>			

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F 0465 SS=E Bldg. 00	<p>same washcloth or rinse water to clean the labia and the buttocks. The policy further indicated employees would wash hands thoroughly with soap and water before any care or treatment, wash hands thoroughly before resuming the treatment or care after an interruption, and wash hands thoroughly when exiting the resident's room after care or treatment was provided.</p> <p>On 5/29/15 at 1:00 p.m., the Director of Nursing provided a copy of the document titled, "Handwashing/ Hand Hygiene", dated March, 2004 and indicated as current. The policy indicated the appropriate time to wash hands is fifteen to twenty seconds.</p> <p>3.1-18(b) 3.1-18(l)</p> <p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview and record review, the facility failed to provide a clean, comfortable and functional environment for 33 of 44 resident rooms observed, in that, the floor</p>	F 0465	<p><u>F 465- SAFE/FUNCTIONAL/SANITARY/ COMFORTABLE ENVIRONMENT</u> I. What corrective actions will be accomplished for those residents found to have been</p>	07/04/2015	

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	<p>covering was cracked, missing, soiled and/or stained, the baseboards were loose from the walls, paint was chipped and/or peeling. (Room #'s 102, 104, 105, 106, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 123, 202, 203, 206, 207, 208, 209, 210, 211, 212, 214, 215, 216, 217, 218, 219, 221, and 224.)</p> <p>Findings include:</p> <p>During an observation on 6/1/15 that began at 1:00 p.m., the following was observed:</p> <p>1. In the bathroom of room 102, the baseboard was pulled away from the wall; the area measured three inches in length. The baseboard in another area of the bathroom was pushed into the wall, the area measured 12 inches in length. In the resident's bedroom there was a white discoloration on the wall; the area measured two feet by one foot.</p> <p>2. In room 104, the baseboard had tape securing it to the wall in two corners, another corner had a hole in the baseboard, the hole measured one inch by one inch. In the bathroom of room 104, the baseboard was pulled away from the wall, the area measured three inches in length.</p>		<p>affected by the deficient practice.</p> <p>I. Resident rooms and bathrooms of those residents will have baseboard repair/replacement as well as those walls noted with needs of paint will be repaired/replaced. The discoloration of the floor tile will be stripped and waxed or replaced as warranted.</p> <p>II. Bathroom renovation project will include the renovation of 18 resident rooms. Renovation to include flooring which is a (1) piece vinyl that will replace cove base, wall repairs as needed, and paint. Residents will be temporarily relocated to other resident room while renovation is occurring in their particular room. The bids and acceptance of the bids will be completed by July 4, 2015. This project completion date will be January 4, 2016.</p> <p>III. All resident rooms with chipped or peeling paint will have damaged areas repaired and painted.</p> <p>II. How will the facility identify other residents having the potential to be affected by the same deficient practice.</p> <p>I. A facility audit will be conducted to identify other residents having the potential to be affected which will include maintenance and housekeeping.</p> <p>II. Those residents identified will have maintenance/housekeeping services work orders put into</p>	

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	<p>3. In room 105, the baseboard was pushed in, the area measured twelve inches in length. In the bathroom of room 105, the baseboard was peeling off the wall in six places, the largest area measured three inches in length.</p> <p>4. In room 106, the baseboard had a one-quarter inch gap in between the baseboard and floor measuring twelve feet in length.</p> <p>5. In the bathroom of room 108, the baseboard was pulled away from wall, the area measured two inches in length. Also, in the bathroom, paint was missing from the wall in an area that measured three inches by two inches.</p> <p>6. In the bathroom of room 109, the baseboard had a hole in the corner measuring one inch by one inch.</p> <p>7. In the bathroom of room 110, the baseboard was pulled away from the wall in two different areas, measuring a total of 12 inches in length. Also, in the bathroom, there was a brown discoloration on the floor around the base of the toilet.</p> <p>8. In room 111, the baseboard was pulled away from the wall, the area measured two inches in length.</p>		<p>place and repairs/cleaning will be scheduled and completed. In areas where outside contracting is appropriate those services will be utilized.</p> <p>III. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur.</p> <p>I. Maintenance Director or designee will audit all resident rooms and bathrooms monthly. This audit will include floor coverings, baseboards, walls, and paint. Any noted problems will be recorded on the audit sheet and the person completing the audit will fill out a facility work order which are reviewed by Maintenance Director or designee daily. The Maintenance Director/designee will assign non completed work orders daily to maintenance staff.</p> <p>II. All health care work orders will be reviewed by Maintenance Director/designee and Administrator weekly. Housekeeping Director/designee will audit resident rooms monthly to assure cleanliness. Any maintenance issues identified including floor covering, baseboards, walls, paint, ect will have a work order made out and turned in to maintenance staff for repairs.</p> <p>III. Maintenance Director/designee will report results of the audits at monthly QA meetings.</p>	

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	<p>9. In the bathroom of room 112, the baseboard was pulled away from the wall, the area measured three inches in length.</p> <p>10. In the bathroom of room 113, the floor had a brown discoloration measuring three feet in diameter. Also in the bathroom, there was a hole in the baseboard measuring three inches in length.</p> <p>11. In the bathroom of room 114, the floor tile was cracked, the area measured two inches in length.</p> <p>12. In room 115, the baseboard was pulled from the wall, the area measured four inches in length. In the bathroom of room 115, there were eight, cracked tiles, all eight tiles had a dark discoloration to them. Also in the bathroom, paint was missing from the wall in two different areas, the first area measured twenty four inches and the second area, measured twenty inches, in length.</p> <p>13. In room 116, the baseboard was pulled away from the wall, the area measured 12 inches in length. Also in the bedroom, paint was missing from the wall, the area measured one foot in length. In the bathroom of room 116,</p>		<p>IV. How does the facility plan to monitor its performance to make sure that solutions are sustained.</p> <p>I. Housekeeping and Maintenance to conduct monthly room audits of all resident rooms to include bathrooms for cleanliness and needed maintenance repairs.</p> <p>II. Work orders initiated when needed and non completed work orders will be reviewed weekly by Maintenance Director and Administrator to assure proper follow up in repairs.</p> <p>III. Maintenance Director/designee will report the results of the audits at the monthly QA meeting.</p> <p>IV. Housekeeping Director/designee will report the results of the audits at monthly QA meeting.</p> <p>V. By what date systematic changes will be made: July 4, 2015.</p> <p>1. The bathroom in room 102 will have a total renovation to include new flooring which wraps up the wall 4-6 inches eliminating the baseboard. Bids will be obtained and accepted by July 4, 2015. Residents will be temporarily relocated to another resident room while renovation is under way. The facility bathroom renovation project includes 18 bathrooms and projected completion date is January 4, 2016. The resident bedroom area on the wall will painted by</p>	

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	<p>paint was missing from the wall, the area measured two feet by one foot.</p> <p>14. In room 117, the baseboard had a hole, measuring 2 inches in length.</p> <p>15. In the bathroom of room 118, the baseboard was missing from the wall, the area measured three inches in length. Also in the bathroom, paint was missing from the wall, the area measured four feet in length.</p> <p>16. In room 123, the baseboard was pulled away from the wall, the area measured three inches in length.</p> <p>17. In room 202, the baseboard was pushed in and also had a one-quarter inch gap in between the baseboard and the floor, the area measured ten feet in length.</p> <p>18. In room 203, the baseboard was pulled away from the wall in two different areas with the largest area being two inches in length.</p> <p>19. In the bathroom in room 206, the baseboard was pulled away from the wall in six different places, the largest area being three inches in length and also had four gaps in the baseboard. In the bedroom of room 206, the baseboard had</p>		<p>July 4, 2015.</p> <p>2. The baseboard in room 104 to include the bathroom baseboard will be replaced by July 4, 2015.</p> <p>3. The baseboard in resident room 105 as well as the bathroom will be replaced by July 4, 2015.</p> <p>4. The baseboard in room 106 will be replaced by July 4, 2015</p> <p>5. The bathroom in 108 will have a total renovation to include new flooring which wraps up the walls eliminating the need for baseboard. The bathroom will also be painted and repairs to walls made as needed. Residents will be temporarily relocated to another resident room while renovation is under way. The facility bathroom renovation project includes 18 bathrooms and projected completion date is January 4, 2016. Bids will be obtained and accepted on this project by July 4, 2015.</p> <p>6. The bathroom in 109 will have a total renovation to include new flooring which wraps up the walls eliminating the need for baseboard. The bathroom will also be painted and repairs to walls made as needed. Residents will be temporarily relocated to another resident room while renovation is under way. The facility bathroom renovation project includes 18 bathrooms and projected completion date is January 4, 2016. Bids will be obtained and</p>	

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	<p>two cracks and had a one-quarter inch gap between the baseboard and floor, that measured three feet in length.</p> <p>20. In room 207, the baseboard was pulled away from the wall in three separate areas, the largest area measuring three inches in length. In the bathroom, the baseboard was pulling away from the wall in two areas, the largest being four inches in length.</p> <p>21. In the bathroom of room 208, the baseboard was pulled away from the wall in the corner. In the bedroom of room 208, the baseboard was pushed in and had a one-quarter inch gap between the baseboard and the floor, the area measured ten feet in length.</p> <p>22. In room 209, the baseboard was pulled away from the wall in four different areas, the largest measured two inches in length. In the bathroom of room 209, the floor had a brown discoloration in all four corners. Also in the bathroom, the paint was stripped from the wall, exposing a one foot area of the drywall.</p> <p>23. In room 210, the baseboard was pushed in and had a one-quarter inch gap in between the baseboard and the floor, the area measured ten feet in length. In</p>		<p>accepted on this project by July 4, 2015.</p> <p>7. The bathroom in 110 will have a total renovation to include new flooring which wraps up the walls eliminating the need for baseboard. The bathroom will also be painted and repairs to walls made as needed. Residents will be temporarily relocated to another resident room while renovation is under way. The facility bathroom renovation project includes 18 bathrooms and projected completion date is January 4, 2016. Bids will be obtained and accepted on this project by July 4, 2015.</p> <p>8. The baseboard in room 111 will be replaced by July 7, 2015.</p> <p>9. The bathroom in 112 will have a total renovation to include new flooring which wraps up the walls eliminating the need for baseboard. The bathroom will also be painted and repairs to walls made as needed. Residents will be temporarily relocated to another resident room while renovation is under way. The facility bathroom renovation project includes 18 bathrooms and projected completion date is January 4, 2016. Bids will be obtained and accepted on this project by July 4, 2015.</p> <p>10. The bathroom in 113 will have a total renovation to include new flooring which wraps up the walls eliminating the need for</p>	

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	<p>the bathroom of room 210, the baseboard had two areas, one pushed in and another area pulled away from the wall; both areas combined, measured four feet in length. Also in the bathroom, there was a hole in the drywall measuring two by two inches.</p> <p>24. In the bathroom of room 211, the baseboard was pulled away from the wall in three places, the largest area measured ten inches in length. Also in the bathroom, there was brown discoloration on the floor tiles in all four corners.</p> <p>25. In room 212, there was paint missing from the wall, the area measured six inches by one inch.</p> <p>26. In room 214, the baseboard was pulled away from the wall, the area measured six inches in length. Also in room 214, there were two areas of baseboard with tape securing them to the wall.</p> <p>27. In room 215, the baseboard was pulled away from the wall, the area measured twelve inches in length.</p> <p>28. In the bathroom of room 216, the baseboard was pulled away from the wall, the area measured nine inches in length. Also in the bathroom, there were</p>		<p>baseboard. The bathroom will also be painted and repairs to walls made as needed. Residents will be temporarily relocated to another resident room while renovation is under way. The facility bathroom renovation project includes 18 bathrooms and projected completion date is January 4, 2016. Bids will be obtained and accepted on this project by July 4, 2015.</p> <p>11. The bathroom in 114 will have a total renovation to include new flooring which wraps up the walls eliminating the need for baseboard. The bathroom will also be painted and repairs to walls made as needed. Residents will be temporarily relocated to another resident room while renovation is under way. The facility bathroom renovation project includes 18 bathrooms and projected completion date is January 4, 2016. Bids will be obtained and accepted on this project by July 4, 2015.</p> <p>12. The bathroom in 115 will have a total renovation to include new flooring which wraps up the walls eliminating the need for baseboard. The baseboard in room 115 will be replaced by July 4, 2015. The bathroom will also be painted and repairs to walls made as needed. Residents will be temporarily relocated to another resident room while renovation is under way. The facility bathroom</p>	

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	<p>two pieces of black tape securing a portion of the baseboard to the wall. The bathroom floor tiles had brown discolorations in all four corners.</p> <p>29. In the bathroom of room 217, there was paint missing from the wall in two areas; the first area measured four inches by three inches and the second area measured two inches by one inch. The baseboard in the bathroom had a hole that exposed an opening in the wall, which measured one inch by two inches. In the bedroom of room 217, there was a one-quarter inch gap in between the floor and the baseboard, the area measured two feet in length.</p> <p>30. In the bathroom of room 218, there was a cracked tile, the area measured 3 inches by one inch.</p> <p>31. In the bathroom of room 219, there was brown discoloration on the floor tiles in all four of the corners.</p> <p>32. In room 221, there was a one inch by two inch piece of missing tile on the floor and there was an area of paint scraped from the wall, in between the beds, measuring three inches by three inches. In the bathroom of room 221, the baseboard was pushed in and the floor tile was chipped in two places, the first</p>		<p>renovation project includes 18 bathrooms and projected completion date is January 4, 2016. Bids will be obtained and accepted on this project by July 4, 2015.</p> <p>13. The baseboard in room 116 will be replaced and painting will be completed by July 4, 2015.</p> <p>14. The baseboard in room 117 will be replaced by July 4, 2015.</p> <p>15. The bathroom in 118 will have a total renovation to include new flooring which wraps up the walls eliminating the need for baseboard. The bathroom will also be painted and repairs to walls made as needed. Residents will be temporarily relocated to another resident room while renovation is under way. The facility bathroom renovation project includes 18 bathrooms and projected completion date is January 4, 2016. Bids will be obtained and accepted on this project by July 4, 2015.</p> <p>16. The baseboard in room 123 will be replaced by July 4, 2015.</p> <p>17. The baseboard in room 202 will be replaced by July 4, 2015.</p> <p>18. The baseboard in room 203 will be replaced by July 4, 2015.</p> <p>19. The bathroom in 206 will have a total renovation to include new flooring which wraps up the walls eliminating the need for baseboard. The baseboard in bedroom of 206 will be replaced by July 4, 2015. The bathroom will also be painted and repairs to</p>	

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	<p>measured five inches by one inch and the second, one inch by one inch.</p> <p>33. In the bathroom of room 224, the baseboard was pulled away from the wall, the floor tiles had multiple brown discolorations, and paint was scraped off the wall in an area measuring two by six inches.</p> <p>During an interview on 6/2/15 at 10:00 a.m., the Maintenance Director acknowledged all of the above issues. The Maintenance Director indicated there was currently no improvement plans in place and any replacement items for repairs to these resident rooms had not been budgeted/ordered. The Maintenance Director did not provide any policies or procedures for repairs to resident rooms/bathrooms.</p> <p>3.1-19(f)</p>		<p>walls made as needed.</p> <p>Residents will be temporarily relocated to another resident room while renovation is under way. The facility bathroom renovation project includes 18 bathrooms and projected completion date is January 4, 2016. Bids will be obtained and accepted on this project by July 4, 2015.</p> <p>20. The baseboard in room 207 to include the bathroom will be replaced by July 4, 2015.</p> <p>21. The baseboard in room 208 will be replaced to include the bathroom by July 4, 2015.</p> <p>22. The bathroom in 209 will have a total renovation to include new flooring which wraps up the walls eliminating the need for baseboard. the baseboard in room 209 will be replaced by July 4, 2015. The bathroom will also be painted and repairs to walls made as needed. Residents will be temporarily relocated to another resident room while renovation is under way. The facility bathroom renovation project includes 18 bathrooms and projected completion date is January 4, 2016. Bids will be obtained and accepted on this project by July 4, 2015.</p> <p>23. The bathroom in 210 will have a total renovation to include new flooring which wraps up the walls eliminating the need for baseboard. The baseboard in room 210 will be replaced by July 4, 2015. The bathroom will also</p>		

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			<p>be painted and repairs to walls made as needed. Residents will be temporarily relocated to another resident room while renovation is under way. The facility bathroom renovation project includes 18 bathrooms and projected completion date is January 4, 2016. Bids will be obtained and accepted on this project by July 4, 2015.</p> <p>24. The bathroom in 211 will have a total renovation to include new flooring which wraps up the walls eliminating the need for baseboard. The bathroom will also be painted and repairs to walls made as needed. Residents will be temporarily relocated to another resident room while renovation is under way. The facility bathroom renovation project includes 18 bathrooms and projected completion date is January 4, 2016. Bids will be obtained and accepted on this project by July 4, 2015.</p> <p>25. In room 212 the wall painting will be completed by July 4, 2015.</p> <p>26. In room 214 the baseboard will be replaced by July 4, 2015.</p> <p>27. In room 215 the baseboard will be replaced by July 4, 2015.</p> <p>28. The bathroom in 216 will have a total renovation to include new flooring which wraps up the walls eliminating the need for baseboard. The bathroom will also be painted and repairs to walls made as needed. Residents will be temporarily</p>	

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			<p>relocated to another resident room while renovation is under way. The facility bathroom renovation project includes 18 bathrooms and projected completion date is January 4, 2016. Bids will be obtained and accepted on this project by July 4, 2015.</p> <p>29. The bathroom in 217 will have a total renovation to include new flooring which wraps up the walls eliminating the need for baseboard. The baseboard in room 217 will be replaced by July 4, 2015. The bathroom will also be painted and repairs to walls made as needed. Residents will be temporarily relocated to another resident room while renovation is under way. The facility bathroom renovation project includes 18 bathrooms and projected completion date is January 4, 2016. Bids will be obtained and accepted on this project by July 4, 2015.</p> <p>30. The cracked tile will be replaced by July 4, 2015.</p> <p>31. The bathroom in 219 will have a total renovation to include new flooring which wraps up the walls eliminating the need for baseboard. The bathroom will also be painted and repairs to walls made as needed. Residents will be temporarily relocated to another resident room while renovation is under way. The facility bathroom renovation project includes 18 bathrooms and projected</p>	

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			<p>completion date is January 4, 2016. Bids will be obtained and accepted on this project by July 4, 2015.</p> <p>32. The bathroom in 221 will have a total renovation to include new flooring which wraps up the walls eliminating the need for baseboard. The chipped tile in room 221 will be replaced by July 4, 2015. The area between the beds will be repaired and painted by July 4, 2015. The bathroom will also be painted and repairs to walls made as needed. Residents will be temporarily relocated to another resident room while renovation is under way. The facility bathroom renovation project includes 18 bathrooms and projected completion date is January 4, 2016. Bids will be obtained and accepted on this project by July 4, 2015.</p> <p>33. The bathroom in 224 will have a total renovation to include new flooring which wraps up the walls eliminating the need for baseboard. The bathroom will also be painted and repairs to walls made as needed. Residents will be temporarily relocated to another resident room while renovation is under way. The facility bathroom renovation project includes 18 bathrooms and projected completion date is January 4, 2016. Bids will be obtained and accepted on this project by July 4, 2015.</p>	

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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Residential census: 84 Sample: 5</p> <p>Westminster Health Care Center was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey.</p>	R 0000	<p>F000 Preparation and execution of this plan of correction do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/ or executed solely because it is required by the provisions of federal and state law.</p>		