

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155263	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/27/2014
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NAME OF PROVIDER OR SUPPLIER LOGOOTE NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 12802 E US HWY 50 LOGOOTE, IN 47553
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 22, 23, 24, & 27, 2014</p> <p>Facility number: 000164 Provider number: 155263 AIM number: 100289550</p> <p>Survey team: Melissa Gillis, RN-TC Cheryl Mabry, RN Angela Patterson, RN Diana McDonald, RN</p> <p>Census bed type: SNF/NF: 40</p> <p>Census payor type: Medicare: 2 Medicaid: 30 Private: 8 Total: 40</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January 31, 2014; by Kimberly Perigo, RN.</p>	F000000	<p>By submitting the following material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests the plan of correction be considered our allegation of compliance effective February 14, 2014 to the State findings of the Recertification and State Licensure survey.</p>	
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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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F000241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation and interview, the facility failed to ensure a resident was treated in a manner to promote dignity by being free of wearing a personal clothing alarm and wanderguard (a bracket worn around the ankle or wrist that sounds if you enter a restricted area) around the ankle for 1 of 2 residents reviewed for dignity in a sample of 2 who met the criteria for dignity. (Resident #42)</p> <p>Findings include:</p> <p>Resident #42's clinical record was review on 1/27/13 at 12:18 p.m.</p>	F000241	<p>Corrective action(s) to be accomplished for those residents found to have been affected by the deficient practice; F 241 SS=D This tag is being disputed under the IDR process. It is the intention of this facility to promote care for the residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Actions taken for resident #42 are that a chart review was completed which revealed the resident does have some cognitive deficit. The therapy evaluation showed resident #42 to be a risk of falls. Resident #42 will continue to be evaluated at least quarterly and the least restrictive alarms will be</p>	02/14/2014	

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	<p>Diagnoses included but not limited to CAD (coronary artery disease), HTN (high blood pressure), GERD (gastro esophageal reflux disease), CVA (stroke), and gastritis.</p> <p>Resident #42's current MDS (minimum data set) assessment dated 12/26/13, indicated Resident #42 had a BIMS (brief interview mental status) score of 14 (8-15 is interviewable).</p> <p>The MDS indicated,"Activity of Daily Living ... walk in room, walk in corridor, transfer, and bed mobility needing extensive assist of 1 staff. Locomotion on and off unit, independently no help or staff oversight at any time, no set up or physical help from staff. Balance During Transition and Walking ... Balance During Transitions and Walking ... Moving from seated to standing position, Walking,... Turning around ... Not steady, only able to stabilize with human assistance ... Mobility device ... none above were used."</p> <p>On 1/23/14 at 12:40 p.m., Resident #42 was observed self propelling in a wheelchair. Resident #42 had an alarm attached to the back of [gender] shirt. Resident #42 showed</p>		<p>utilized based on the outcome of each new assessment. Staff have been and continue to be inserviced on the appropriate manner in which to approach a resident when an alarm is activated.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken;A house wide audit was conducted of all alert and oriented residents who currently have safety alarms or wanderguard bracelets in place. Each resident has been interviewed and given the opportunity to voice their concerns. There were no issues identified.Measures to be put into place or systemic changes that will be made to ensure that the deficient practice does not recur;Residents will continue to have assessments upon admission as to Elopement risk, fall risk, confusion and safety awareness. All residents requiring new safety alarms and/or wanderguard bracelets will continue to be educated on the purpose of the alarm and given the opportunity to voice their concerns. On a quarterly basis all residents with wanderguard bracelets and other alarms will be evaluated for the need for the protective measures and interviewed as to their feelings and concerns with alarm systems. How the corrective action will be monitored to ensure</p>		

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	<p>surveyor the wanderguard around [gender] ankle.</p> <p>On 1/23/14 at 12:44 p.m., an interview with Resident #42 indicated, "They do not treat me with dignity. I have a buzzer on my back and thing on my ankle. If I want to go where they don't want me, it goes off. I prefer not to have a buzzer. If I get too close to the big doors, the nurses's holler at me to come back."</p> <p>On 1/27/13 at 12:24 p.m., interview with LPN #1, when asked why Resident #42 had a personal alarm on indicated, "[Gender] likes to get up by [gender] self and is not really steady on [gender] feet. It's for safety." LPN #1 also indicated Resident #42 has not had any falls while in this facility.</p> <p>Interview on 1/27/14 at 1:12 p.m., the DON indicated, [gender] has wanderguard for elopement. Any score 4 or above, we have to put something in place. [Gender] has the personal alarm, because of fall risk. [Gender] sometimes forgets and tries to get up. [Gender] doesn't use [gender] call light and [gender] mostly gets up on night shift by [gender] self. I have never had [gender] express any concerns</p>		<p>the deficient practice will not recur, i.e., what quality assurance program will be put into place;A Quality Assurance Tool which has been developed and implemented to audit resident charts for documentation on residents' response to safety alarms and use of wanderguard bracelets. This tool will be completed by the Director of Nurses and/or her designee weekly for four weeks, then monthly for three months, and then quarterly for three quarters. The Director of Nursing and/or her designee will also conduct a chart audit on each new admission to the facility within 72 hours to identify residents with safety alarms and/or wanderguard bracelets and verify that the resident was educated on safety alarm and/or wanderguard bracelet use and given an opportunity to voice concerns. The outcome of this audit tool will be reviewed at the facility Quality Assurance meeting to determine if any additional action is warranted.Completion Date: 02-14-14 Quality Assurance ToolIF - 241 DIRECTIONS: Through observation of the clinical record and upon interview of the resident answer the questions below. Place a "Y" for yes or an "N" for no. Review the outcomes to determine if additional interventions are warranted. INDICATORRESIDE NTSCOMMENTS 12345678 1.</p>		

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	<p>about the alarm. Usually when [gender] goes near the door and the alarm sounds and before we get there, [gender] has already propelled [gender] self away quickly. "We base on fall and elopement assessment scores and not BIMS score."</p> <p>Careplan dated 1/2/2014, "The resident is at risk for falls r/t [related to] poor balance and fall prior to admission...Interventions Alarms as ordered, Assess fall risk periodically and place appropriate interventions, ... PT [physical therapy] & OT [occupational therapy] evaluate and treat as ordered or PRN [as needed] ... 1/2/2014 Problem [Name] is an elopement risk and is evidenced by having a Wanderguard... Interventions ... Complete elopement assessment upon admission,and significant change quarterly ... "</p> <p>3.1-3(t)</p>		<p>Within 72 hours of an admission of an alert and oriented resident, there is documentation in the clinical record to indicate that the resident understands the purpose of the safety alarms and/or wanderguard bracelet. 2. Upon interview of the alert and oriented resident they indicate that they understand the purpose of the safety alarm and/or wanderguard bracelet. 3. Upon interview of the alert and oriented resident they indicate that they understand their rights to discuss and express their feelings related to the use of a safety alarm and/or wanderguard bracelet.</p> <p>_____ _____ _____</p> <p>SIGNATURE OF ASSESSOR</p> <p>DATE IDR F</p> <p>241 We are requesting an Informal Dispute Resolution for tag F241, Dignity and Respect of Individuality. Loogootee Nursing Center does treat residents with dignity and respect but are also obligated to protect those residents. A resident identified during the survey as resident #42 has a BIMS of 14. This resident was noted to have safety alarms in place, which he told the surveyors that he did not want on. This resident has some cognitive deficit as evidenced by staff overhearing conversations</p>	
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F000246 SS=D	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.		he has on the phone telling people he would come and pick them up and take them to their doctor appointments. In the past he did transport people to appointments. He has poor safety awareness as evidenced by forgetting to ask for assistance when getting up in the evening to use the bathroom. Our physical therapy department has evaluated him as being a patient who needs assistance with ambulation at this time. This resident transferred to our facility in December 2013 from a facility where he had a history of falls. His fall risk assessment dated 12-13-13 identifies that he has intermittent confusion. He was also assessed by the nursing staff on admission concerning his elopement risk. He scored a 5 on the elopement risk assessment, with a score of 4 or more requiring action. Upon admission the family voiced concerns that the resident might try to leave the facility. The son, who is also the P.O.A. understands and agrees with the need for the safety alarms and the use of the wanderguard system.	

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	<p>Based on interview and record review, the facility failed to accommodate a resident's preferences for waking up in the morning, going to bed at night, and shower time for 1 of 3 residents reviewed for choices in a sample of 5 who met the criteria for choices. (Resident #40)</p> <p>Findings include:</p> <p>Resident #40's clinical record was reviewed on 1//2414 at 11:20 a.m..</p> <p>Resident #40's medical diagnoses include, but were not limited to history of iron deficiency anemia, history of pneumonia, debility, pulmonary embolism, hypertension, atrial fibrillation, history of urinary track infection, dysphagia, weakness, and hypothyroidism. Resident #40's Brief Interview for Mental Status (BIMS) score on 11/14/2013 was 13. A score of 13 to 15 indicated the resident is cognitively intact.</p> <p>Interview with Resident #40 on 11/27/2014 at 1:30 p.m., indicated the "CNA's get me up at 5:00 a.m. and put me in my chair or take me for my shower." Resident #40</p>	F000246	<p>Corrective action(s) to be accomplished for those residents found to have been affected by the deficient practice; F 246 SS=D This tag is being disputed under the IDR process. It is the intention of this facility to give each resident 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 residents would be endangered. The corrective action taken for the resident identified as resident #40 is to wake the resident at 6:00am and ask if they would like to get up at that time. If the resident says they would not, ask what time they would like to be awakened, leave the room and check with resident #40 again at the desired time. The resident has been interviewed and states they do want their shower in the morning. On shower days the staff will ask resident #40 at what time they would like to have their shower when awakened. On a quarterly basis the nursing administration will interview resident #40 and ask resident #40 their preference to be awakened, going to bed at night and shower times. This information will be documented on the C.N.A. assignment sheet for resident #40. All staff has been inserviced on resident's rights in reference to accommodating each resident to</p>	02/14/2014

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	<p>indicated she would like to get up 1 hour before breakfast, which is at 7:00 a.m. Resident #40 indicated she would prefer a shower time later than 5:00 a.m. Resident #40 indicated, "The CNA's come in to put me to bed anytime they want, I do not choose what time they do."</p> <p>Interview on 1/27/14 at 12:25 p.m., with DON and ADM indicated Resident #40 can make a choice as to when she gets up and when she goes to bed at night. The DON indicated on two occasions she observed resident telling CNA's that she wanted to go to bed. The ADM indicated Resident #40 told CNA's when she wanted to get up in the morning. The DON and ADM indicated the resident's are awoken when they want to get up, not because of a room number on a chart.</p> <p>Review of Resident #40's Admission Nursing Assessment dated 4/10/13 at 8:00 a.m., indicated for sleeping times - usual bed time, usual arising time there was a question mark.</p> <p>On 1/27/14 at 12:35 p.m., the DON provided, untitled and undated document which indicated "1. The facility will allow you to have</p>		<p>their individual needs and preferences. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken;All residents have been interviewed as to what time they prefer to be awakened in the morning and what time they prefer to go to bed in the evenings. In addition they have been interviewed about shower times. Two residents requested different times than they originally requested. These times have been documented on the resident charts and also on the C.N.A. daily task list. Their preferences will be accommodated. Measures to be put into place or systemic changes that will be made to ensure that the deficient practice does not recur;Nursing staff will continue to document preferences upon admission to the facility. Within 72 hours of admission, charts will be audited by nursing administration for preferences for getting up in the morning, going to bed at night and shower time. The director of nursing and/or her appointed designee will add the preferences to the C.N.A. daily task list.On a quarterly basis the nursing administration will question residents on preferences for waking, going to bed at night and shower times. This information will be up-dated onto the C.N.A. daily task list by nursing administration for all changes</p>		

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	<p>independence and choice about how you wish to live your everyday life. 2. The facility will allow you to have independence and choice about how you, wish to receive your medical and nursing care... ."</p> <p>Interview on 1/27/14 at 1:15 p.m., with DON indicated "Since admission no one has check with Resident #40 as to her preferences for getting up, going to bed, and also shower times."</p> <p>Interview on 1/27/14 at 1:20 p.m., with Social Service staff indicated "I not responsible for checking if the residents preference have been filled out, that is nursing reasonability but, it is something I can do in the future."</p> <p>3.1-3(v)(1)</p>		<p>identified. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;All residents will continue to be instructed that at any time they have a change in their preferences (time to awaken, time to go to bed or shower preference) the resident can advise nursing administration and their request will immediately be honored.The Director of Nurses and/or her designee will quarterly question residents on preferences for waking, going to bed at night and shower times. The Director of Nurses and/or her designee will review each new admission to the facility within 72 hours to validate the residents preferences are documented in the resident chart and on the C.N.A. task list. Completion Date: 02-14-14 IDR F 246We are requesting an Informal Dispute Resolution for tag F246, Reasonable Accommodation of Need/Preferences. Loogootee Nursing Center does accommodate the needs and preferences of our residents. Our admission nursing assessment asks what the resident's preference is concerning waking in the mornings and bedtimes at night. This survey prompted us to do an interview of all residents in which the two residents identified during the survey indicated they were content with the times they</p>		

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F000371 SS=F	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 A). Based on observation, interview, and record review, the facility failed to ensure the dishwasher was working properly to sanitize dishes, kitchen staff performed proper handwashing, staffs' personal items were not stored in the kitchen and dry storage area, that food and cleaners were stored properly as indicated by cleaners next to dishwashing sink, salad dressing and cake mixes stored on top of boxes next to the three compartment sink, items in the freezer were dated and sealed, the kitchen was clean as indicated by brown substance where dishes were stacked on	F000371	are being awakened, going to bed and their shower times and those times agree with the times they previously requested. This information has been documented in their charts and the staff has been informed of the preferences. We do accommodate resident preferences and will continue to respectfully make any changes as each individual resident requests. Corrective action(s) to be accomplished for those residents found to have been affected by the deficient practice; F 371 SS=FIt is the intent of this facility to store, prepare, distribute and serve food under sanitary conditions. The 2567 indicated that the issues identified during the survey had the potential to affect 40 of the 40 residents, the dietary manager and dietary employee #1, please note that none of these individuals have displayed a negative outcome/illness as a result of these findings. The maintenance personnel wrapped the water pipe going into the dishwasher to keep water temperatures at a higher	02/14/2014	

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	<p>steam table for serving, buckets, and rags stored in sinks and on the floor, and dried white substance on kitchen floor. This had the potential to affect 40 out of 40 residents who were served from the kitchen. (Dietary Manager, Dietary employee #1)</p> <p>B). Based on observation and record review, the facility failed to ensure staff used proper handwashing in the passing of hall trays, in that the staff was observed not to wash their hands as indicated by facility policy. This deficient practice had the potential to affect 6 out of 6 residents being served in their room on the East hall. (Resident #1, Resident #4, Resident #18, Resident #24, Resident #39, and Resident #50) (CNA #1)</p> <p>Findings include:</p> <p>A).1. On 1/22/2014 at 10:38 a.m., an observation of the dishwasher temperature gauge indicated the wash was 100 degrees and rinse cycle was 120 degrees. An interview with Dietary Manager indicated the dishwasher has to be run several times to get up to temperature. At that time, she indicated the dishwasher</p>		<p>level. The dietary staff is consistently documenting the dishwasher temperatures to ensure they reach 120 degrees with each load of dishes. Staff has been in serviced on proper hand washing techniques, not storing personal items in kitchen or food storage areas, proper storage of food items, proper storage of cleaning supplies, cleaning of dish storage area, and cleaning of floors. The nursing staff has been inserviced on proper hand washing techniques while passing hall trays. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken; A house wide audit of all residents and staff members has been conducted. No residents and/or staff members were found to have been affected by these findings. The maintenance personnel wrapped the water pipe going into the dishwasher to keep water temperatures at a higher level. Staff has been inserviced on proper hand washing techniques, not storing personal items in kitchen or food storage areas, proper storage of food items, proper storage of cleaning supplies, cleaning of dish storage area, and cleaning of floors. Staff has been inserviced on proper hand washing techniques while passing hall trays. Measures to be put into place or systemic changes that will be made to</p>		

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	<p>temperature was 119.</p> <p>On 1/22/2014 at 10:48 a.m., an observation of the dishwasher being ran several times indicated the temperature was 100-110 degrees. After running the same dishes through multiple times the temperature would reach 120 degrees.</p> <p>On 1/22/2014 at 11:01 a.m., an observation of temperature log indicated no temperatures recorded for dishwasher on 1/20/2013 at lunch and on 1/21/2014 at breakfast and lunch.</p> <p>On 1/23/2014 at 9:55 a.m., the Administrator provided the manufactures instructions to the dishwasher. The "DISH MACHINE TEMPERATURE/SANITIZER" The manufactures instruction for the Hobart low temp dishwasher LT1 ML-104239 indicated the temperature recommended was "140 degrees Fahrenheit, 120 degrees minimum."</p> <p>2. On 1/22/2014 at 10:30 a.m., an observation of the Dietary Manager hand washing indicated she washed her hands for 10 seconds. At that</p>		<p>ensure that the deficient practice does not recur;A mandatory inservice has been conducted for the dietary staff on proper hand washing, food storage, general cleanliness of the kitchen, documentation of dishwasher temperatures and how to get temperature up to the minimum of 120 degree temperature prior to washing dishes. A mandatory inservice has been conducted for all nursing staff on proper technique for hand washing while passing hall trays. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;A Quality Assurance Tool which has been developed and implemented to check the kitchen for general cleanliness, proper food storage, water temperature logs and observation of proper hand washing methods. This tool will be completed by the Administrator and/or her designee weekly for four weeks, then monthly for three months, and then quarterly for three quarters. In addition an auditing tool has been developed and implemented to observe nursing staff during tray pass and assess proper hand washing technique. This tool will be completed by the Director of Nursing and/or her designee weekly for four weeks, then monthly for three months, and then quarterly for three quarters.</p>		

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	<p>time, an interview with her indicated the correct time for hand washing was more than 10 seconds and less than 30 seconds, she indicated she sings the happy birthday song twice.</p> <p>On 1/22/2014 at 11:10 a.m., an observation of Dietary Manager using kitchen hand washing sink indicated she washed her hands for 10 seconds.</p> <p>3. On 1/22/2014 at 10:35 a.m., an observation of blue cart next to food prep area indicated a coat, purse, and a book being stored on it.</p> <p>On 1/22/2014 at 10:43 a.m., an observation of dry storage area indicated 1 coat and bag behind door on hooks.</p> <p>On 1/23/2014 at 11:05 a.m., an observation of blue cart next to food prep area had dietary employee #1's purse on the cart. Coats and purses were on hooks behind the door in the dry storage area. An interview with the dietary manager indicated she would speak with the administrator to find an area for them to store their personal items.</p> <p>4. On 1/22/2014 at 11:00 a.m., an observation of cake mixes and salad</p>		<p>Additional education and/or counseling will be provided if any areas of concern are identified. The Quality Assurance tools will be reviewed at the facility Quality Assurance meeting to determine if additional action is warranted. Completion Date: 02-14-14 Quality Assurance ToolF - 371 DIRECTIONS: Through observation of the dietary department answer the questions below. Place a "Y" for yes or an "N" for no. Review the outcomes to determine if additional interventions are warranted. INDICATOR DIETARY EQUIPMENT COMMENTS 1. Upon observation of the dishwasher during the cleaning of dishes, the machine is in proper working order and is cleaning the dishes at an acceptable temperature level of at least 120 degrees. 2. Upon observation of the dietary staff during food preparation, food storage and during tray line (serving of a meal) all dietary staff is washing their hands utilizing acceptable standards of handwashing practices. 3. Upon observation of the kitchen and dry storage area, there are no employee personal items being stored in the kitchen area. 4. Upon observation of the dietary department all food items and cleaning products are properly stored to prevent any contamination of any food products. 5. Upon observation all food items stored in the freezer</p>		

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	<p>had flour stored in it. Both containers had dried white substance on the lids.</p> <p>On 1/24/2014 at 9:55 a.m., the administrator provided the current facility's policy "Loogootee Nursing Center Policy & Procedure Storage of Perishable items", the policy indicated "...III. Dry Storage....c. Wipe off all open bottles, spices, etc...."</p> <p>On 1/22/2014 at 11:05 a.m., an observation of sink to left of dishwasher indicated rags on the floor and in three buckets. In a 3 compartment sink, the first sink had cleaner with red and white bucket and dirty metal pan. The second sink had degreaser, sanitizer, and concentrator. The third sink had degreaser, buckets, and ice tea container. On top was a plastic container holding plastic pitchers. Interview with Dietary Manager at that time, indicated the pitchers were clean.</p> <p>On 1/23/2014 at 1:00 p.m., an observation of the Dietary Manager mopping the floor in the kitchen indicated dried white substance remained on the floor. At that time, an interview with the Dietary</p>						

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	<p>Manager indicated it was lime buildup and she used delimer, but it doesn't remove it all.</p> <p>B).1). During dining observation on 1/22/14 at 12:10 p.m., CNA# 1 was observed passing trays on the east hall. CNA #1 removed tray from the food cart, entered Resident #50's room, and placed the tray on the bedside table. CNA #1 left the room. No handwashing or sanitizing observed at that time.</p> <p>2). CNA #1 then removed another tray from the food cart, entered Resident #39's room, and placed the tray on the bedside table. CNA #1 left the room. No handwashing or sanitizing was observed.</p> <p>3). CNA #1 removed another tray from the food cart, entered Resident #18's room, and placed the tray on the bedside table. No handwashing nor sanitizing observed.</p> <p>4). CNA #1 exited the room, removed a tray from the food cart, entered Resident #1's room, moved [gender] personal cup around on the bedside table, and proceeded to cut and set up [gender] food. CNA #1 brought the lid from the plate out of</p>			
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	<p>the room and placed it in the food cart.</p> <p>5). CNA #1 proceeded to pour coffee for Resident #24. No handwashing or sanitizing was observed. CNA #1 entered Resident #24's room, placed the tray on the bedside table, pushed Resident #24's wheelchair up to the bedside table, and exited the room. No handwashing or sanitizing observed at that time.</p> <p>6). CNA #1 removed Resident #4's tray from the food cart, entered [gender] room, placed the tray on the bedside table, poured [gender]drink from the carton into a cup, sat down, and began assisting Resident #4 with [gender] meal. No handwashing or sanitizing observed at that time.</p> <p>On 1/27/14 at 2:20 p.m., interview with the DON (Director of Nursing) and the ADM (Administrator) present, when asked what are the expectation of the CNA's in regard to handwashing and hand sanitizer indicated "I expect them to follow facility policy. They can use hand sanitizer up to 5 times then they have to handwash before and after glove use. If they touch a resident</p>						

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	<p>or anything they must sanitize. When entering residents rooms and passing trays."</p> <p>On 1/23/14 at 9:55 a.m., the ADM (Administrator) provided "HANDWASHING GUIDELINES" undated. "Hand washing is the single most effective way to prevent the transmission of infection. ... When should you be washing your hands?</p> <p>... 2. Before meals ... 5. Between residents, ... 8. Before eating, drinking, or handling food. Use a massaging motion and at least 10 seconds of vigorous friction... Rinse under warm water. Remember to pat hands dry with a clean paper towel-do not rub them dry. ... "</p> <p>On 1/23/14 at 9:55 a.m., the ADM (Administrator) provided INFECTION CONTROL-PROCEDURES " undated. "An important method of reducing healthcare worker's (HCW's) occupational exposure to blood, other potentially infectious material ... This includes incorporating Universal Precautions (UP) into written procedures for task performance in all departments, as appropriate, and in facility-wide procedures for:</p>			
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	<p>1. Hand washing ...A. Handwashing 1. All personnel wash their hands to prevent the spread of infection and disease to residents, ... 2. In brief, hands are washed: ... c. ... before touching next resident, ... e. Before preparing/serving food, drinks, tube feedings, ice, etc ... k. When in doubt if hand-washing is required: DO IT! ... 3. Hand-washing requires: a. Soap, b. Running warm water, c. Friction: interlacing lathering of fingers and hands, including nail beds, palms, and backs of hand up to wrist or higher, ... d. Disposable paper towels. 4. Waterless hand cleansers are available for employees for situations, such as during medication passes: ... b. Not used more than 3-4 times in a row: at that point, wash hands with soap and water"</p> <p>CDC (Center for Disease Control and Prevention) online source fro credible health information indicated, "WASH YOUR HANDS: THE RIGHT WAY ... 15 - 20 seconds."</p> <p>3.1-21(i)(3)</p>				

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		F000371	Corrective action(s) to be accomplished for those residents found to have been affected by the deficient practice; F 371 SS=Flt is the intent of this facility to store, prepare, distribute and serve food under sanitary conditions. The 2567 indicated that the issues identified during the survey had the potential to affect 40 of the 40 residents, the dietary manager and dietary employee #1, please note that none of these individuals have displayed a negative outcome/illness as a result of these findings. The maintenance personnel wrapped the water pipe going into the dishwasher to keep water temperatures at a higher level. The dietary staff is consistently documenting the dishwasher temperatures to ensure they reach 120 degrees with each load of dishes. Staff has been in serviced on proper hand washing techniques, not storing personal items in kitchen or food storage areas, proper storage of food items, proper storage of cleaning supplies, cleaning of dish storage area, and cleaning of floors. The nursing staff has been inserviced on proper hand washing techniques while passing hall trays.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken;A house wide audit of all residents and staff members has	02/14/2014	

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			been conducted. No residents and/or staff members were found to have been affected by these findings. The maintenance personnel wrapped the water pipe going into the dishwasher to keep water temperatures at a higher level. Staff has been inserviced on proper hand washing techniques, not storing personal items in kitchen or food storage areas, proper storage of food items, proper storage of cleaning supplies, cleaning of dish storage area, and cleaning of floors. Staff has been inserviced on proper hand washing techniques while passing hall trays.Measures to be put into place or systemic changes that will be made to ensure that the deficient practice does not recur;A mandatory inservice has been conducted for the dietary staff on proper hand washing, food storage, general cleanliness of the kitchen, documentation of dishwasher temperatures and how to get temperature up to the minimum of 120 degree temperature prior to washing dishes. A mandatory inservice has been conducted for all nursing staff on proper technique for hand washing while passing hall trays. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;A Quality Assurance Tool which has been developed and implemented to check the	

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			<p>kitchen for general cleanliness, proper food storage, water temperature logs and observation of proper hand washing methods. This tool will be completed by the Administrator and/or her designee weekly for four weeks, then monthly for three months, and then quarterly for three quarters. In addition an auditing tool has been developed and implemented to observe nursing staff during tray pass and assess proper hand washing technique. This tool will be completed by the Director of Nursing and/or her designee weekly for four weeks, then monthly for three months, and then quarterly for three quarters. Additional education and/or counseling will be provided if any areas of concern are identified. The Quality Assurance tools will be reviewed at the facility Quality Assurance meeting to determine if additional action is warranted. Completion Date: 02-14-14 Quality Assurance ToolF - 371 DIRECTIONS: Through observation of the dietary department answer the questions below. Place a "Y" for yes or an "N" for no. Review the outcomes to determine if additional interventions are warranted. INDICATOR DIETARY EQUIPMENT COMMENTS 1. Upon observation of the dishwasher during the cleaning of dishes, the machine is in proper working order and is cleaning the</p>	

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			<p>dishes at an acceptable temperature level of at least 120 degrees. 2. Upon observation of the dietary staff during food preparation, food storage and during tray line (serving of a meal) all dietary staff is washing their hands utilizing acceptable standards of handwashing practices. 3. Upon observation of the kitchen and dry storage area, there are no employee personal items being stored in the kitchen area. 4. Upon observation of the dietary department all food items and cleaning products are properly stored to prevent any contamination of any food products. 5. Upon observation all food items stored in the freezer are properly sealed and dated. 6. Upon observation all equipment in the dietary department is clean and free of debris, cleaning rags are properly stored and the kitchen floor is clean of debris and dried substances. 7. Upon observation of dish storage areas, they are clean and free of any debris. NURSING STAFF 12341. Upon observation of the passing of meal trays, the nursing staff was observed to be utilizing acceptable standards of practice as it relates to handwashing techniques. _____</p> <p>_____ SIGNATURE OF ASSESSOR</p>	

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F000441 SS=E	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>		DATE Quality Assurance Tool	
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	<p>Based on observation and record review, the facility failed to ensure infection control practices were followed related to hand washing as indicated by facility policy during the passing of meal trays to residents who ate in their room. This deficient practice had to potential to affect 6 out of 6 residents served trays on the East hall. (Resident #1, Resident #4, Resident #18, Resident #24, Resident #39, and Resident #50) (CNA #1)</p> <p>Findings include:</p> <p>1). During dining observation on 1/22/14 at 12:10 p.m., CNA # 1 was observed passing trays on the east hall. CNA #1 removed tray from the food cart, entered Resident #50's room, and placed the tray on the bedside table. CNA #1 left the room. No handwashing or sanitizing observed at that time.</p> <p>2). CNA #1 then removed another tray from the food cart, entered Resident #39's room, and placed the tray on the bedside table. CNA #1 left the room. No handwashing or sanitizing was observed.</p> <p>3). CNA #1 removed another tray from the food cart, entered Resident</p>	F000441	<p>Corrective action(s) to be accomplished for those residents found to have been affected by the deficient practice; F 441 SS=E It is the intention of this facility to 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. Residents identified as residents #1, #4, #18, #24, #39 and #50 are being served each meal utilizing acceptable standards of practices as it relates to hand washing. Upon assessment of each of the above mentioned residents, no resident suffered any negative outcome/illness based on the issues identified during the survey process. The C.N.A. identified as #1 has received one on one education as it relates to acceptable standard of practice on hand washing. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken; A house wide audit of all residents has been conducted. No residents were found to have a negative outcome/illness based on the issues identified during survey. Measures to be put into place or systemic changes that will be made to ensure that the deficient practice does not recur; A mandatory inservice has</p>	02/14/2014	

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	<p>#18's room, and placed the tray on the bedside table. No handwashing nor sanitizing observed.</p> <p>4). CNA #1 exited the room, removed a tray from the food cart, entered Resident #1's room, moved [gender] personal cup around on the bedside table, and proceeded to cut and set up [gender] food. CNA #1 brought the lid from the plate out of the room and placed it in the food cart.</p> <p>5). CNA #1 proceeded to pour coffee for Resident #24. No handwashing or sanitizing was observed. CNA #1 entered Resident #24's room, placed the tray on the bedside table, pushed Resident #24's wheelchair up to the bedside table, and exited the room. No handwashing or sanitizing observed at that time.</p> <p>6). CNA #1 removed Resident #4's tray from the food cart, entered [gender] room, placed the tray on the bedside table, poured [gender] drink from the carton into a cup, sat down, and began assisting Resident #4 with [gender] meal. No handwashing or sanitizing observed at that time.</p>		<p>been conducted for all nursing staff on proper hand washing techniques. New staff will be in serviced during orientation on proper technique for hand washing while passing hall trays. This inservice will also be added to the facility annual in-service training. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; A Quality Assurance Tool which has been developed and implemented to observe nursing staff passing hall trays. This tool will be completed by the Director of Nursing and/or her designee weekly for four weeks, then monthly for three months, and then quarterly for three quarters. . Additional education and/or counseling will be provided if any areas of concern are identified. The Quality Assurance tools will be reviewed at the facility Quality Assurance meeting to determine if additional action is warranted. Completion Date: 02-14-14 Quality Assurance ToolF - 441 DIRECTIONS: Through observation of the nursing staff while passing meal trays, answer the questions below. Place a "Y" for yes or an "N" for no. Review the outcomes to determine if additional interventions are warranted. INDICATORRESIDE NTSCOMMENTS 12345678 1. Upon observation of the nursing</p>		

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NAME OF PROVIDER OR SUPPLIER LOGOOTE NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 12802 E US HWY 50 LOGOOTE, IN 47553
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	<p>On 1/27/14 at 2:20 p.m., interview with the DON (Director of Nursing) and the ADM (Administrator) present, when asked what are the expectation of the CNA's in regard to handwashing and hand sanitizer indicated "I expect them to follow facility policy. They can use hand sanitizer up to 5 times then they have to handwash Before and after glove use. If they touch a resident or anything they must sanitize. When entering residents rooms and passing trays."</p> <p>On 1/23/14 at 9:55 a.m., the ADM (Administrator) provided "HANDWASHING GUIDELINES" undated. "Hand washing is the single most effective way to prevent the transmission of infection. ... When should you be washing your hands?</p> <p>... 2. Before meals ... 5. Between residents, ... 8. Before eating, drinking, or handling food."</p> <p>On 1/23/14 at 9:55 a.m., the ADM (Administrator) provided INFECTION CONTROL-PROCEDURES " undated. "An important method of reducing healthcare worker's (HCW's) occupational exposure to blood, other potentially infectious</p>		<p>staff during the passing of hall trays, the staff was observed to cleanse their hands according to facility policy prior to serving the meal. 2. Upon observation of the nursing staff passing hall trays the staff was observed to cleanse their hands in between each resident in accordance with facility policy. 3. Upon observation of the nursing staff during the passing of halls trays, the nursing staff was observed utilizing proper hand hygiene in accordance with acceptable standard of infection control practice.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>SIGNATURE OF ASSESSOR</p> <p>DATE</p>	

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	<p>material ... This includes incorporating Universal Precautions (UP) into written procedures for task performance in all departments, as appropriate, and in facility-wide procedures for:</p> <p>1. Hand washing ...A. Handwashing 1. All personnel wash their hands to prevent the spread of infection and disease to residents, ... 2. In brief, hands are washed: ... c. ... before touching next resident, ... e. Before preparing/serving food, drinks, tube feedings, ice, etc ... k. When in doubt if hand-washing is required: DO IT! ... 3. Hand-washing requires: a. Soap, b. Running warm water, c. Friction: interlacing lathering of fingers and hands, including nail beds, palms, and backs of hand up to wrist or higher, ... d. Disposable paper towels. 4. Waterless hand cleansers are available for employees for situations, such as during medication passes: ... b. Not used more than 3-4 times in a row: at that point, wash hands with soap and water"</p> <p>CDC (Center for Disease Control and Prevention) online source fro credible health information indicated, "WASH YOUR HANDS: THE RIGHT WAY ... 15 - 20 seconds."</p>			
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F000456 SS=F	<p>3.1-18(l)</p> <p>483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the dishwasher in the kitchen was in proper working order. This had the potential to affect 40 out of 40 residents who were served from the kitchen.</p> <p>Findings include:</p> <p>On 1/22/2014 at 10:38 a.m., an observation of dishwasher temperature indicated the wash was 100 degrees, and rinse cycle was 120 degrees. At that time, an interview with Dietary Manager indicated the dishwasher was not getting to appropriate temperature just started happening today. She indicated the dishwasher has to be run several times to get up to temperature. At that time, she indicated the dishwasher temperature was 119</p>	F000456	<p>Corrective action(s) to be accomplished for those residents found to have been affected by the deficient practice; F 456 SS=F This tag is being disputed under the IDR process.It is the intention of this facility to maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.The 2567 indicated that the issues identified during the survey had the potential to affect 40 of the 40 residents, please note that none of these individuals have displayed a negative outcome/illness as a result of these findings.How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken;A house wide audit of all residents has been conducted. No residents were found to have a negative outcome/illness based on the issues identified during survey. Measures to be put into place or systemic changes that will be made to ensure that the deficient practice does not</p>	02/14/2014
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	<p>On 1/22/2014 at 10:48 a.m., an observation of the dishwasher being ran several times indicated the temperature was 100-110 degrees. After running the same dishes through multiple times the temperature would reach 120 degrees.</p> <p>On 1/22/2014 at 11:01 a.m., an observation of temperature log indicated no temperatures recorded for dishwasher on 1/20/2014 at lunch and on the 1/21/2014 at breakfast and lunch.</p> <p>On 1/23/2014 at 9:55 a.m., the Administrator provided the manufactures instructions to the dishwasher. The manufactures instruction for the Hobart low temp dishwasher LT1 ML-104239 indicated the temperature recommended was 140 degrees Fahrenheit, 120 degrees minimum.</p> <p>On 1/23/2014 at 11:00 a.m., an observation of dishwasher being ran indicated temperature was 110 degrees on the wash cycle. Interview with dietary manager indicated she still has to run the dishwasher twice to get the temperature high enough.</p>		<p>recur;The maintenance personnel insulated the water pipes and turned up the temperature on the booster heater. The dishwasher temperatures are raised up to 120 degrees before beginning each wash cycle by utilizing a fill button on the dishwashing machine. A mandatory inservice has been conducted for all dietary staff on the location and use of the fill button so the Facility does not continue to incur the cost of running dishes through a second time to insure temperature reaches a minimum of 120 degrees. In addition, a mandatory inservice was conducted as to the importance of logging water temperatures. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;The temperatures will continue to be monitored and recorded by dietary staff. A Quality Assurance Tool which has been developed and implemented to check water temperature logs. This tool will be completed by the Administrator and/or her designee weekly for four weeks, then monthly for three months, and then quarterly for three quarters. Additional education and/or counseling will be provided if any areas of concern are identified. The Quality Assurance tools will be reviewed at the facility Quality Assurance meeting to determine if additional action is</p>				

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			dishes through again until the temperature reached at a minimum 120 degrees. As was explained to the survey team, the water in the pipes cools down when the machine has not been used for awhile. We have included signed affidavits from the dietary staff stating they do run the dishes through a second time when water levels did not reach the 120 degree temperature on the first run. In addition while surveyors were still in the facility we wrapped the water pipes leading to the machine with a thermal wrap to keep water temperatures from falling. We have also learned that this machine is equipped with a fill button which when pushed elevates the temperature to in excess of 120 degrees before the first run starts. Therefore, this procedure will be practiced so as not to continue the additional cost to the Facility of running the dishes multiple times to insure the temperature reaches 120 degrees. At no time were dishes determined by the dietary staff to be appropriate for the residents use without first being ran through the dishwasher at a minimum of 120 degrees.		