

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155792	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/27/2013
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NAME OF PROVIDER OR SUPPLIER  COUNTRYSIDE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 762 N DAN JONES RD AVON, IN 46123
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F000000	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint(s) IN00134856 and IN00136237.</p> <p>Complaint IN00134856 - Substantiated. Federal/State deficiencies related to the allegation(s) are cited at F312, and F332.</p> <p>Complaint IN00136237 -Substantiated. Federal/State deficiencies related to the allegation(s) are cited at F282, F312, F332, F364, &amp; F371.</p> <p>Survey dates: September 23, 24, 25 26, &amp; 27, 2013</p> <p>Facility number: 012534 Provider number: 155792 AIM number: 201028420</p> <p>Survey team: Lora Brettnacher, RN-TC Connie Landman, RN Jeanna King, RN Shannon Pietraszewski, RN (September 23, 24, 25, &amp; 26, 2013)</p> <p>Census bed type:</p>	F000000		
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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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	<p>SNF: 24 SNF/NF: 122 Total: 146</p> <p>Census payor type: Medicare: 28 Medicaid: 84 Other: 34 Total: 146</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on 10/03/2013 by Brenda Marshall Nunan, RN.</p>			

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F000241 SS=E	<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, interview, and record review, the facility failed to ensure residents' dignity/privacy by failing to knock and wait for permission prior to entering residents' room and by posting personal care instructions in areas which could be seen by others. This deficient practice affected for 3 of 40 residents reviewed for dignity/respect (Resident #14, #116, and #106).</p> <p>Findings include:</p> <p>1. Resident #14's record was reviewed on 9/26/2013 at 9:42 A.M. Resident #14 had diagnoses which included, but were not limited to, below the right knee amputation, renal disease, pain, and diabetes. A quarterly MDS (Minimum Data Set Assessment Tool) dated 8/12/13, indicated Resident #14 was cognitively intact with a BIMs (Brief Mental Status Assessment Tool) score of 15 out of 15.</p> <p>During an interview on 9/24/2013 at</p>	F000241	<p>what corrective actions will be accomplished for those residents found to have been affected by the deficient practice;Staff knocks and waits for a response prior to entering the rooms of residents 14, 116. The sign for resident 106 was placed inside the residents door. A building wide sweep was performed by DNS to ensure there were no other signs in the rooms.All residents have the potential to be affected.Staff was inserviced by the DNS/Designee on October 15th regarding knocking on all resident doors and waiting for a response prior to entering. Any signs posted in the residents rooms were moved to a private area in the room, not visible to casual visitors in the room. This will be checked during rounds on each shift. DNS observed all rooms to ensure that all signs were removed.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;Department managers and charge nurses will observe for staff knocking prior to entering residents rooms and will check rooms for signs during daily</p>	10/15/2013			

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	<p>1:29 P.M., Resident #14 indicated staff did not always treat her with respect and dignity with regards to privacy. Resident #14 indicated some staff knocked before they entered her room and some did not. Resident #14 stated, "...it just depends on their moods...some just do things in a hurry...." During this interview, an unknown staff knocked on the door and opened the door without waiting for Resident #14 to give permission for her to enter. This staff stuck her head in the door and said, "Oh, I am sorry. I will come back when you are done."</p> <p>2. Resident #116's record was reviewed on 9/26/2013 at 9:05 A.M. Resident #116 had diagnoses which included, put were not limited to, dementia and depression. A quarterly MDS dated 7/24/2013, indicated Resident #116 was cognitively intact with a BIMs score of 14 out of 15.</p> <p>Finding 2, paragraph 2- replace with:</p> <p>During an interview with Resident #116 on 9/24/2013 at 2:35 P.M., Certified Nursing Assistant (CNA) #20 was observer to open Resident #116's door and enter the room.</p>		<p>rounds. Corrections will be made as needed upon discovery. Staff was inserviced by the DNS on October 15th regarding knocking on all residents doors and waiting for a response prior to entering and about proper placement of signs in residents rooms. How the corrective actions will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place The dignity and Privacy CQI tool will be completed weekly x4weeks, bi monthlyx2 months, and quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If the threshold of 100% is not acheived an action pain will be developed.</p>				

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	<p>CNA #20 failed to knock on the door or ask permission to enter Resident #116's room. At 2:44 P.M., CNA #20 was observed to open Resident #14's door again without obtaining permission to enter.</p> <p>3. Resident #106's record was reviewed on 9/27/2013 at 9:30 A.M. Resident #106 had diagnoses which included, but were not limited to, diabetes, depression, and hypertension. A thirty day scheduled MDS dated 7/8/2013, indicated Resident #106 was cognitively intact with a BIMs score of 14 out of 15.</p> <p>During an observation of Resident 106's room on 9/24/2013 at 9:21 A.M., a sign posted on the outside of a closet door was observed. This sign indicated, "(Resident #106 named) is to use pull ups during the day and briefs at night per the DON (Director of Nursing)..."</p> <p>An undated procedure/policy regarding customer care identified as current by the ED on 9/26/2013 at 12:45 P.M., indicated, "...As an employee of American Senior Communities, you are a representative of the Company.... Simple tips to providing excellent customer service: ...Remember to</p>						

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	knock on the resident's door before entering-remember, you are in the resident's home...."  3.1-3(t)				

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F000242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on interview and record review, the facility failed to ensure residents had the right to choose between a bed bath, sponge bath, tub bath, or shower. This deficient practice affected 2 of 15 residents reviewed for choices regarding bathing preferences (Resident C and Resident F).</p> <p>Findings include:</p> <p>1. Resident C's record was reviewed on 9/26/2013 at 9:42 A.M. Resident C had diagnoses which included, but were not limited to, renal disease, pain, and diabetes. A quarterly MDS (Minimum Data Set Assessment Tool) dated 8/12/13, indicated Resident C was cognitively intact with a BIMs (Brief Mental Status Assessment Tool) score of 15 out of 15, did not exhibit behaviors, did not reject care, required extensive assistance with transfers, and required the physical assistance of one staff for personal</p>	F000242	F242 – Self-Determination – Right to Make Choices what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Residents C and F were not identified how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents have the potential to be affected. Nursing staff was in-serviced October 15th by the DNS/designee to offer each resident a tub, bed bath or shower at least twice weekly. DNS reviewed all resident preferences to make sure that we are following resident's choice. what measures will be put in to place or what systemic changes will be made to ensure that the deficient practice does not recur; Nursing staff was in-serviced on October 15th by the DNS/designee to offer each resident a tub, shower or bed bath at least twice weekly and document on a shower sheet with	10/15/2013

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	<p>hygiene and bathing .</p> <p>An admission MDS dated 5/17/2013, indicated Resident C informed the facility it was very important for her to choose between a bed bath, sponge bath, or a shower.</p> <p>A current care plan dated 5/16/2013, indicated Resident C needed assistance with ADL's (activities of daily living) due to decreased mobility. A goal listed for Resident C included she would be provided the appropriate level of assistance to meet her daily needs.</p> <p>During an interview on 9/24/2013 at 1:28 P.M. Resident C indicated she did not get two showers a week. Resident C indicated it had been "Two Thursdays ago" since she received a shower. Resident C stated, "I want showers."</p> <p>During an interview on 9/27/2013 at 10:30 A.M., the ED was asked to provide documentation which indicated Resident C had been provided showers during July, August, and September 2013.</p> <p>During an interview on 9/27/2013 at 12:57 P.M., the DON (Director of Nursing) indicated if a resident</p>		<p>each one. Charge nurses check the shower schedule daily and review and sign the shower sheets completed on their shifts. The type of bathing the resident receives is documented in the resident's record. Refusals are documented in the resident's record by C NA's. The unit managers audit that showers/bathing is completed daily. Charge nurse will do a check to make sure there is a true refusal of the shower and why. Staff not in compliance with plan will receive further education and/or disciplinary action. how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and The Accommodation of Needs CQI tool will be completed weekly x 4weeks, bimonthly x 2 months, and quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 100% is not achieved an action plan will be developed to assure compliance. by what date the systemic changes will be completed.</p>		

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	<p>refused a shower the CNAs (Certified Nursing Assistants) were to report it to a nurse. The nurses were responsible for talking to the Residents to find out the cause for the refusal.</p> <p>Shower records were reviewed from July 1, 2013 through September 26, 2013. These records indicated Resident C was provided a bed bath or a sponge bath rather than her preferred bath choice of a shower at least twice a week for the following weeks:</p> <p>Week 1 (July 1-7, 2013) - No showers were provided.</p> <p>Week 2 (July 8-14, 2013) - No showers were provided.</p> <p>Week 3 (July 15-21, 2013) - One shower was provided on 7/21/13.</p> <p>Week 4 (July 22-28, 2013) - No showers were provided. Documentation indicated a shower was offered but Resident C refused on 7/23/2013.</p> <p>Week 5 (July 29-August 4, 2013) - No showers were provided. Documentation indicated a shower was offered but Resident C refused</p>				

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	<p>on 8/2/2013.</p> <p>Week 6 (August 5-11, 2013) - No showers were provided.</p> <p>Week 7 (August 12-18, 2013) - No showers were provided. Documentation indicated a shower was offered but Resident C refused on 8/13/2013.</p> <p>Week 8 (August 19- 25, 2013) - One shower was provided on 8/22/13.</p> <p>Week 9 (August 26-September 1, 2013) - One shower was provided on 8/29/13.</p> <p>Week 10 (September 2-8, 2013) - No showers were provided.</p> <p>Week 11 (September 9-15, 2013) - No showers were provided.</p> <p>Week 12 (September 16-22, 2013 - One shower was provided on 9/16/2013.</p> <p>Week 13 (September 23-27, 2013 - No showers were provided.</p> <p>2. Resident F's record was reviewed on 9/27/2013 at 9:30 A.M. Resident F had diagnoses which included, but were not limited to, diabetes,</p>						

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	<p>depression, and hypertension. An admission MDS dated 6/19/13, indicated Resident F was cognitively intact with a BIMS score of 15 out of 15, did not exhibit behaviors, did not reject care, was totally dependant on staff for bathing, and had informed the facility it was very important for her to choose between a bed bath, sponge bath, tub bath, or a shower.</p> <p>A current care plan dated 6/18/2013, indicated Resident F had a self care deficit related to decreased mobility. A goal for Resident F indicated she would be provided the appropriate level of assistance to meet her daily needs. An approach to meet this goal included, staff would shower Resident F two times a week.</p> <p>During an interview on 9/24/2013 at 9:04 A.M., Resident F indicated she was supposed to get a shower twice a week. Resident F indicated she preferred showers but didn't always get to take showers.</p> <p>During an interview on 9/27/2013 at 10:30 A.M., the ED was asked to provide documentation which indicated Resident F had been provided showers during July, August, and September 2013.</p>				

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	<p>Shower records were reviewed from July 1, 2013 through September 26, 2013. These records indicated Resident F was provided a bed bath or a sponge bath rather than her preferred bath choice of a shower at least twice a week during the following weeks:</p> <p>Week 1 (July 1-7, 2013) - One shower was provided on 7/2/13.</p> <p>Week 2 (July 8-14, 2013) - One shower was provided on 7/12/13.</p> <p>Week 3 (July 15-21, 2013) - One shower was provided on 7/19/13.</p> <p>Week 4 (July 22-28, 2013) - No showers were provided.</p> <p>Week 6 (August 5-11, 2013) - One shower was provided on 8/7/13.</p> <p>Week 8 (August 19- 25, 2013) - One shower was provided on 8/22/13.</p> <p>Week 12 (September 16-22, 2013) - One shower was provided on 9/18/2013.</p> <p>Week 13 (September 23-27, 2013) - No showers were provided.</p> <p>3.1-3(u)(1)</p>						

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F000282 SS=E	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents received care and services as written in their plan of care. This deficient practice affected 3 of 18 residents reviewed for the facility following residents plan of care (Resident C, Resident B, and Resident D).</p> <p>Findings include:</p> <p>1. Resident C's record was reviewed on 9/26/2013 at 9:42 A.M. Resident C had a diagnosis which included, but was not limited to, end stage renal disease. A quarterly MDS (Minimum Data Set Assessment Tool) dated 8/12/13, indicated Resident C was cognitively intact with a BIMs (Brief Mental Status Assessment Tool) score of 15 out of 15. A physician's order dated 9/1/13, indicated Resident C had a diet order for a no added salt potassium restricted diet.</p> <p>During an interview on 9/24/13 at 1:29 P.M., Resident C indicated when she requested an alternate meal staff</p>	F000282	F282 – Services by Qualified Person/Per Care Plan what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Residents B, C and D were not identified how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken All residents have the potential to be affected. Staff was in-serviced on October 15th by the DNS/designee on providing the correct food items for residents on specialized diets, providing assistance to residents with their meals and following through on lab orders per the MD order. All residents receiving dialysis will receive a sack lunch per care plan. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur; Staff was in serviced by the DNS/designee on providing the correct food items for residents on specialized diets, providing assistance to residents with their meals and following through on lab orders per the MD order. Staff will verify the	10/15/2013	

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	<p>frequently brought her food she could not eat because of her dialysis and kidney issues. Resident C indicated frequently on her dialysis days she would return and find her lunch left on her bedside table.</p> <p>During observations on 9/25/13 at 1:45 P.M. and 3:00 P.M., a lunch meat sandwich loosely wrapped in paper and a bag of potato chips were observed on Resident C's bedside table. Resident C's roommate indicated Resident C was at dialysis and would not return until 3:30 P.M. or 4:00 P.M.</p> <p>During an interview on 9/25/13 at 3:10 P.M., the DON (Director of Nursing) indicated Resident C was at dialysis, the lunch meat sandwich did not meet Resident C's dietary orders, and she did not have an explanation as to why it was left in Resident C's room.</p> <p>During an interview on 9/25/13 at 3:15 P.M., with the DON present, LPN (Licensed Practical Nurse) #38 indicated she was aware the Subway sandwich wasn't part of Resident C's diet order but she knew Resident C liked outside food so she saved it for her.</p>		<p>resident's diet order prior to providing food and snacks. If the resident requests food outside their diet, this will be care planned. If the resident requests food outside that diet it will be care planned with risks explained. Charge nurses will oversee that staff are providing appropriate resident assistance during each meal. Department managers will observe residents daily during meal time for appropriate staff assistance. The unit managers are utilizing a lab tracking system to ensure labs are obtained as ordered with appropriate follow up and notification. DNS/Designee will check lab tracking book daily to ensure labs are completed as ordered. Staff not in compliance will receive further education and/or disciplinary action. All C Na assignment sheets were reviewed to ensure residents ability to eat by DNS. how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and Meal Service Observation and Lab CQI tools will be completed weekly x 4weeks, bimonthly x 2 months, and quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 100% is not achieved an action plan will</p>		

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	<p>2. Resident B's record was reviewed on 9/26/13 at 9:00 A.M. Resident B had diagnoses which included, but were not limited to, dementia and memory problems. A quarterly MDS dated 8/28/13, indicated Resident B had cognitive impairment with a BIMs score of 3 out of 15 and required extensive assistance of one person for eating.</p> <p>A current care plan last updated on 8/27/13, indicated Resident B needed assistance with ADLs due to her cognition. A goal included Resident B would be provided the appropriate level of assistance to meet her daily needs. An approach to meet this goal included set up help as needed. A dietary note dated 5/29/2013-4:00 P.M., indicated Resident B fed herself with set-up and supervision.</p> <p>During an interview on 9/23/2013 at 11:32, Resident B's family indicated Resident B had not receive the assistance she needed with meals. Resident B's family stated, "I think the other gentlemen at the table cut up her food. She probably doesn't get the assistance she needs. When I am there I do it for her."</p> <p>During an interview on 9/26/2013 at 8:30 A.M., CNA #10 (Certified</p>		be developed to assure compliance. by what date the systemic changes will be completed.				

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	<p>Nursing Assistant) was queried regarding the amount of assistance Resident B needed. CNA #10 stated, "(Resident B named)? You just put the plate in front of her. She feeds herself."</p> <p>Constant observations were made during the breakfast meal on 9/26/2013, beginning at 7:45 A.M. and ending at 8:40 A.M. The following observations of Resident B were made:</p> <p>7:45 A.M.- Resident B sitting in dining room waiting on breakfast.</p> <p>8:14 A.M.- Staff sat her food in front of her and walked away. Her breakfast consisted of scrambled eggs, oatmeal, toast, and a sausage link. Staff was not observed to assist Resident B with set up assistance or eating.</p> <p>8:22 A.M.- A male resident was observed to attempt to put a spoon in Resident B's hand. Resident B dropped the spoon and proceeded to eat the scrambled eggs with her fingers. Resident B was observed to tear her sausage link with her hands and eat the sausage. Resident B ate her toast dry. Resident B did not attempt to eat her oatmeal.</p>				

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	<p>8:40 A.M.- Resident B was taken out of the dining room.</p> <p>During an interview on 9/26/2013 at 8:30 A.M., CNA #10 (Certified Nursing Assistant) was queried regarding the amount of assistance Resident B needed. CNA #10 stated, "(Resident B named)? You just put the plate in front of her. She feeds herself."</p> <p>3. Resident D's record was reviewed on 9/26/2013 at 9:15 A.M. Resident D had diagnoses which included, but were not limited to, a history of urinary tract infections, dementia, and diabetes type II.</p> <p>A current care plan dated 8/28/13, indicated Resident D was at risk for fluid imbalance due to the daily use of a diuretic and chronic urinary tract infections. A goal listed for Resident D included she would be free from fluid imbalance complications. An approach to meet this goal included staff would obtain labs as ordered.</p> <p>An untimed physician's order dated 9/12/13, indicated Resident D exhibited decreased cognition status. The physician ordered a urine test to check for a urinary tract infection</p>						

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	<p>(UTI).</p> <p>A lab report dated 9/20/2013, indicated the urine specimen was collected on 9/17/13 (5 days after the physician ordered Resident D's urine to be checked for a UTI).</p> <p>During an interview on 9/27/2013 at 2:30 P.M., the DON indicated she did not have an explanation as to why the urine test was not obtained when it was ordered. She indicated she reviewed Resident D's record including the nurse's notes and the record lacked an explanation as to why it was not obtained when ordered.</p> <p>This Federal tag relates to Complaint IN00136237.</p> <p>3.1-35(g)(2)</p>				

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F000312 SS=E	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on interview and record review, the facility failed to ensure residents who could not take showers without the assistance of staff were provided showers (Resident C and F). The facility failed to ensure residents who needed assistance with meals were provided the assistance (Resident B). This deficient practice affected 3 of 15 residents reviewed for necessary assistance with dining and personal hygiene.</p> <p>Findings include:</p> <p>1. Resident C's record was reviewed on 9/26/2013 at 9:42 A.M. Resident C had diagnoses which included, but were not limited to, renal disease, pain, and diabetes. A quarterly MDS (Minimum Data Set Assessment Tool) dated 8/12/13, indicated Resident C was cognitively intact with a BIMs (Brief Mental Status Assessment Tool) score of 15 out of 15, did not exhibit behaviors, did not reject care, required extensive assistance with transfers, and required the physical</p>	F000312	312 ADL Care Provided for Dependent Residents what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Residents C, F and B were not identified. how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents have the potential to be affected. Nursing staff was in-serviced on October 15th by the DNS/designee to offer each resident a tub, bed bath or shower at least twice weekly. Staff was in-serviced on October 15th by the DNS/designee on providing assistance to residents with their meals. All residents with lab orders were reviewed to ensure labs as ordered by DNS/Designee. what measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur Nursing staff have been in-serviced on October 15th by the DNS/designee to offer each resident a tub, shower or bed bath at least twice weekly and document on a shower sheet	10/15/2013			

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	<p>assistance of one staff for personal hygiene and bathing .</p> <p>An admission MDS dated 5/17/2013, indicated Resident C informed the facility it was very important for her to choose between a bed bath, sponge bath, or a shower.</p> <p>A current care plan dated 5/16/2013, indicated Resident C needed assistance with ADL's (activities of daily living) due to decreased mobility. A goal listed for Resident C included she would be provided the appropriate level of assistance to meet her daily needs.</p> <p>During an interview on 9/24/2013 at 1:28 P.M. Resident C indicated she did not get two showers a week. Resident C indicated it had been "Two Thursdays ago" since she received a shower. Resident C stated, "I want showers."</p> <p>During an interview on 9/27/2013 at 10:30 A.M., the ED was asked to provide documentation which indicated Resident C had been provided showers during July, August, and September 2013.</p> <p>During an interview on 9/27/2013 at 12:57 P.M., the DON (Director of</p>		<p>with each one. Charge nurses check the shower schedule daily and review and sign the shower sheets completed on their shifts. The type of bathing the resident receives is documented in the resident's record. Refusals are documented in the resident's record. The unit managers audit that showers/bathing is completed daily. Charge nurses will oversee that staff are providing appropriate resident assistance during each meal. Department managers will observe residents daily during meal time for appropriate staff assistance. Staff not in compliance will receive further education and/or disciplinary action. how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; by what date the systemic changes will be completed.</p>		

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	<p>Nursing) indicated if a resident refused a shower the CNAs (Certified Nursing Assistants) were to report it to a nurse. The nurses were responsible for talking to the Residents to find out the cause for the refusal.</p> <p>Shower records were reviewed from July 1, 2013 through September 26, 2013. These records indicated Resident C was not provided at least two showers a week for the following weeks:</p> <p>Week 1 (July 1-7, 2013) - No showers were provided.</p> <p>Week 2 (July 8-14, 2013) - No showers were provided.</p> <p>Week 3 (July 15-21, 2013) - One shower was provided on 7/21/13.</p> <p>Week 4 (July 22-28, 2013) - No showers were provided. Documentation indicated a shower was offered but Resident C refused on 7/23/2013.</p> <p>Week 5 (July 29-August 4, 2013) - No showers were provided. Documentation indicated a shower was offered but Resident C refused on 8/2/2013.</p>			

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	<p>Week 6 (August 5-11, 2013) - No showers were provided.</p> <p>Week 7 (August 12-18, 2013) - No showers were provided. Documentation indicated a shower was offered but Resident C refused on 8/13/2013.</p> <p>Week 8 (August 19- 25, 2013) - One shower was provided on 8/22/13.</p> <p>Week 9 (August 26-September 1, 2013) - One shower was provided on 8/29/13.</p> <p>Week 10 (September 2-8, 2013) - No showers were provided.</p> <p>Week 11 (September 9-15, 2013) - No showers were provided.</p> <p>Week 12 (September 16-22, 2013 - One shower was provided on 9/16/2013.</p> <p>Week 13 (September 23-27, 2013 - No showers were provided.</p> <p>2. Resident F's record was reviewed on 9/27/2013 at 9:30 A.M. Resident F had diagnoses which included, but were not limited to, diabetes,</p>						

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	<p>depression, and hypertension. An admission MDS dated 6/19/13, indicated Resident F was cognitively intact with a BIMS score of 15 out of 15, did not exhibit behaviors, did not reject care, was totally dependant on staff for bathing, and had informed the facility it was very important for her to choose between a bed bath, sponge bath, tub bath, or a shower.</p> <p>A current care plan dated 6/18/2013, indicated Resident F had a self care deficit related to decreased mobility. A goal for Resident F indicated she would be provided the appropriate level of assistance to meet her daily needs. An approach to meet this goal included, staff would shower Resident F two times a week.</p> <p>During an interview on 9/24/2013 at 9:04 A.M., Resident F indicated she was supposed to get two showers a week. Resident F indicated the facility only provided two showers weekly. Resident F indicated the facility had a shower schedule and she didn't always get two showers a week but would like at least two showers a week.</p> <p>During an interview on 9/27/2013 at 10:30 A.M., the ED was asked to provide documentation which</p>						

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	<p>indicated Resident F had been provided showers during July, August, and September 2013.</p> <p>Shower records were reviewed from July 1, 2013 through September 26, 2013. These records indicated Resident F was not provided two showers weekly during the following weeks:</p> <p>Week 1 (July 1-7, 2013) - One shower was provided on 7/2/13.</p> <p>Week 2 (July 8-14, 2013) - One shower was provided on 7/12/13.</p> <p>Week 3 (July 15-21, 2013) - One shower was provided on 7/19/13.</p> <p>Week 4 (July 22-28, 2013) - No showers were provided.</p> <p>Week 6 (August 5-11, 2013) - One shower was provided on 8/7/13.</p> <p>Week 8 (August 19- 25, 2013) - One shower was provided on 8/22/13.</p> <p>Week 12 (September 16-22, 2013) - One shower was provided on 9/18/2013.</p> <p>Week 13 (September 23-27, 2013) - No showers were provided.</p>				

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	<p>3. Resident B's record was reviewed on 9/26/13 at 9:00 A.M. Resident B had diagnoses which included, but were not limited to, dementia and memory problems. A quarterly MDS dated 8/28/13, indicated Resident B had cognitive impairment with a BIMs score of 3 out of 15 and required extensive assistance of one person for eating.</p> <p>A current care plan last updated on 8/27/13, indicated Resident B needed assistance with ADLs due to her cognition. A goal included Resident B would be provided the appropriate level of assistance to meet her daily needs. An approach to meet this goal included set up help as needed. A dietary note dated 5/29/2013-4:00 P.M., indicated Resident B fed herself with set-up and supervision.</p> <p>During an interview on 9/23/2013 at 11:32, Resident B's family indicated Resident B had not received the assistance she needed with meals. Resident B's family stated, "I think the other gentlemen at the table cuts up her food. She probably doesn't get the assistance she needs. When I am there I do it for her."</p> <p>During an interview on 9/26/2013 at</p>						

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	<p>8:30 A.M., CNA #10 (Certified Nursing Assistant) was queried regarding the amount of assistance Resident B needed. CNA #10 stated, "(Resident B named)? You just put the plate in front of her. She feeds herself."</p> <p>Constant observations were made during the breakfast meal on 9/26/2013, beginning at 7:45 A.M. and ending at 8:40 A.M. The following observations of Resident B were made:</p> <p>7:45 A.M.- Resident B sitting in dining room waiting on breakfast.</p> <p>8:14 A.M.- Staff sat her food in front of her and walked away. Her breakfast consisted of scrambled eggs, oatmeal, toast, and a sausage link. Staff was not observed to assist Resident B with set up assistance or eating.</p> <p>8:22 A.M.- A male resident was observed to attempt to put a spoon in Resident B's hand. Resident B dropped the spoon and proceeded to eat the scrambled eggs with her fingers. Resident B was observed to tear her sausage link with her hands and eat the sausage. Resident B ate her toast dry. Resident B did not</p>			

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	<p>attempt to eat her oatmeal.</p> <p>8:40 A.M.- Resident B was taken out of the dining room.</p> <p>During an interview on 9/26/2013 at 8:30 A.M., CNA #10 (Certified Nursing Assistant) was queried regarding the amount of assistance Resident B needed. CNA #10 stated, "(Resident B named)? You just put the plate in front of her. She feeds herself."</p> <p>This Federal tag relates to Complaint IN00136237 and Complaint IN00134856.</p> <p>3.1-38(a)(2)(A) 3.1-38(a)(2)(D)</p>				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155792	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/27/2013
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NAME OF PROVIDER OR SUPPLIER  COUNTRYSIDE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 762 N DAN JONES RD AVON, IN 46123
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F000332 SS=E	<p>483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>1. Based on observation, record review, and interview, the facility failed to ensure a medication error rate of less than 5% for 3 of 3 residents observed during 3 medication pass observations. Thirteen errors in medications were observed during 25 opportunities for errors in medication administration. This resulted in a medication error rate of 52%. (Residents #66, #52 and #68)</p> <p>Findings include:</p> <p>During a Resident Council meeting on 9/24/13 at 10:00 a.m., residents' indicated a problem with medications being administered late. The residents indicated the medications would be 30 minutes to one hour late.</p> <p>1. During medication administration observation on 9/24/13 at 10:30 a.m., RN #36 was observed preparing Resident #52 medications and administered the medications to Resident #52.</p> <p>Review of Resident #52's September</p>	F000332	<p>F332 Free of Medication Error what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Residents #66, #52 and #68 have received their medications as directed by the physician order at the correct time. Skill validation was completed for staff number 36 and 37 for medication administration by CCC. how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; All residents have the potential to be affected Licensed nursing staff was in-serviced on October 15th by the DNS/Designee regarding the 5 rights of medication pass. Residents are receiving medications as ordered as monitored by DNS/Designee what measures will be put into placed or what systemic changes will be made to ensure that the deficient practice does not recur Licensed nursing staff was in-serviced on October 15th by the DNS/Designee regarding the 5 rights of medication pass. Medication times were reviewed and revised as needed to promote timeliness. Nurses not</p>	10/15/2013

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	<p>2013 recapitulation orders and September 2013 MAR (Medication Administration Record) on 9/26/13 at 10:20 a.m., indicated the following:</p> <p>a. Foradil Aerolize cap (medication for the lungs), inhale the content of 1 capsule every twelve hours at 8:00 a.m. and 8:00 p.m.</p> <p>b. Aspirin 81 mg (medication to thin the blood), take one tablet by mouth once daily at 8:00 a.m.</p> <p>c. Diovan 40 mg (medication for blood pressure), take one tablet by mouth once daily at 8:00 a.m.</p> <p>d. Neurontin 100 mg (medication for pain/tingling/numbness to the extremities), take one capsule by mouth twice daily at 8:00 a.m. and 8:00 p.m.</p> <p>e. Lidoderm 5% patch (medication for pain), apply one patch topically to the right knee and left hip on at 8:00 a.m. and off at 8:00 p.m.</p> <p>During an interview on 9/24/13 at 10:40 a.m., RN #36 indicated the medications were scheduled to be given at 8:00 a.m. RN #36 indicated nurses had one hour before and one hour after scheduled time to</p>		<p>compliant with the medication pass procedure will receive further education and training. DNS/Designee will conduct rounds daily on all shifts to ensure timely medication administration. how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; The DNS/designee will complete a medication pass skills validation tool for 5 nurses (at least 1 from each shift) each week for 4 weeks, 5 nurses bi-monthly, and 5 nurses quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 100% is not achieved an action plan will be developed to assure compliance. by what date the systemic changes will be completed</p>				

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	<p>administer medications.</p> <p>2. During medication administration observation on 9/26/13 at 9:28 a.m., RN #37 was observed preparing Resident #68's medications and administered the medications to Resident #68.</p> <p>Review of Resident 68's September 2013 recapitulation orders and September MAR on 9/26/13 at 10:30 a.m. indicated the following:</p> <p>a. Protonix 40 mg (medication for esophageal reflux), one tablet by mouth twice a day before meals at 7:00 a.m. and 5:00 p.m. The start date was 3/21/13.</p> <p>b. Other medications prescribed for 8:00 a.m., were Vitamin B12 1,000 mcg (micrograms), Flunisolide 0.025% (nasal spray), and docusate 100 mg (stool softer) with a start date of 3/21/13.</p> <p>3. During medication administration observation on 9/26/13 at 9:50 a.m., RN #37 was observed preparing Resident #66's medications without looking at the label of the medication. Prior to administering Resident #66's medications, RN #37 indicated she had 15 pills to administer.</p>						

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	<p>Review of Resident 68's September 2013 recapitulation orders and September MAR on 9/26/13 at 10:40 a.m. indicated the following:</p> <p>a. Advair Diskus 250/25 (medication for lungs), use 1 inhalation by mouth twice daily at 8:00 a.m. and 8:00 p.m. The start date was 7/29/13.</p> <p>b. Vitamin D3 1,000 IU Tablets (medication for vitamin deficiency), take two tablets by mouth once daily at 8:00 a.m. The start date was 7/29/13.</p> <p>c. Plavix 75 mg (medication to prohibit blood clotting), take one table by mouth daily at 8:00 a.m. The start date was 7/29/13.</p> <p>d. Aspirin 81 mg (medication used to thin blood), take one table by mouth daily at 8:00 a.m. The start date was 7/29/13.</p> <p>e. Ranitidine 150 mg (medication for esophageal reflux), take one table by mouth twice daily at 8:00 a.m. and 8:00 p.m. The start date was 7/29/13.</p> <p>f. Imdur (medication for manage blood pressure) 30 mg ER (extended release), take one tablet by mouth</p>				

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	<p>daily at 8:00 a.m. The start date was 7/29/13.</p> <p>g. Metoprolol 25 mg (medication used to manage blood pressure), take one table by mouth twice daily at 8:00 a.m. and 8:00 p.m. The start date was 7/29/13.</p> <p>h. Potassium Chloride (potassium supplement) 10 meq (milliequivalent), take one tablet by mouth once daily at 8:00 a.m. The start date was 7/29/13.</p> <p>i. Ropinirole 1 mg (medication for restless leg syndrome), take one tablet by mouth twice daily at 8:00 a.m. and 8:00 p.m. The start date was 7/29/13.</p> <p>j. Florastor 250 mg, (medication used for the stomach), take one capsule by mouth twice daily at 8:00 a.m. and 8:00 p.m. The start date was 7/29/13.</p> <p>k. Protonix 40 mg (medication for esophageal reflux), take one tablet by mouth once daily at 8:00 a.m. The start date was 7/29/13.</p> <p>l. Toresemide 10 mg (water pill), take one tablet by mouth twice daily at 8:00 a.m. and 4:00 p.m. The start date was 8/24/13.</p>				

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	<p>m. Morphine ER (extended release) 15 mg (medication for pain), one tablet by mouth twice daily at 8:00 a.m. and 8:00 p.m. The start date was 8/23/13.</p> <p>n. Other medications prescribed for 8:00 a.m., was Vitamin C 500 mg, Fluticasone 50 mcg (nasal spray) and Ferrous Gluc 324 mg (Iron tablet for anemia) The start date was 7/29/13.</p> <p>During an interview on 9/26/13 at 10:00 a.m., RN #37 indicated the resident was to have two pills and not one pill of Vitamin D3 after reviewing the label . RN #37 indicated the dosage must have changed recently. RN #37 indicated Resident #68 and #66 medications were scheduled to be given at 8:00 a.m. RN #37 indicated nurses had one hour before and one hour after scheduled time to administer medications.</p> <p>A "Medication Pass Procedure" dated 3/2013, was provided by the Administrator on 9/26/13 at 12:45 p.m. The policy indicated "...Medications administered within 60 minutes before and/or after time ordered. Medications checked 3 times to verify order with label...AC (before meals) &amp; (and) PC (after meals) meds (medications) given at</p>			

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	<p>correct time..."</p> <p>This Federal tag relates to Complaint IN00136237 and Complaint IN00134856.</p> <p>3.1-25(b)(9)</p>				

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F000364 SS=E	<p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. Based on observation and interview, the facility failed to ensure meals were served at the regulated temperature. This had the potential to affect 55 of 146 residents who were served meals in the main dining room. (Residents' #6, # 14, #38, #42, #46, #52, #106, #116, #125 and #162)</p> <p>Findings include:</p> <p>During an interview on 9/24/13 at 9:00 a.m., Resident #106 indicated breakfast was cold.</p> <p>During an interview on 9/24/13 at 9:30 a.m., Resident #42 indicated all of the meals were cold. Resident #42 indicated lunch and dinner were worse on the weekends. Resident #42 indicated the main dining room was worse than the room trays. Resident #42 indicated she would have to wait 45 minutes for lunch and dinner to be served in the main dining room.</p>	F000364	F364 Food Temperatures What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice Residents #614, 38,42,46,52,106,116,125, 162 are to receive food at palatable and appropriate temperatures as montitored by dietary staff taking temps of meals to ensure food is served at an acceptable range. Food temperatures are taken at each meal to ensure food temperature is within acceptable range. 2. 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 residing in the facility have the potential to be affected by the alleged deficient practice .Dietary staff were in-serviced on October 15th on monitoring and documenting food temperature. Dietary staff will take temperatures at the beginning of meal service and periodically throughout the meal service to ensure acceptable ranges of temps during portioning, transporting and service process until received by the resident.	10/15/2013			

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	<p>During an interview on 9/24/13 at 10:30 a.m., Resident #52 indicated the food was not hot.</p> <p>During an interview on 9/24/13 at 11:15 a.m., Resident #46 indicated the food served on room trays was not warm enough.</p> <p>During an interview on 9/24/13 at 1:15 p.m., Resident #125 indicated the food was not always warm. Resident #125 indicated she would have to ask the staff to reheat the food.</p> <p>During an interview on 9/23/13 at 1:20 p.m., Resident #162 indicated sometimes, it took staff up to 1-1/2 hours to serve a meal. The staff would have to warm the food up.</p> <p>During an interview on 9/24/13 at 1:40 p.m., Resident #6 indicated the food was either too hot or too cold and it tasted bland.</p> <p>During an interview on 9/24/13 at 1:50 p.m., Resident #14 indicated she would go to dialysis around 10:00 a.m. and return in the afternoon between 3:30 p.m. and 4:00 p.m. Resident #14 indicated her tray from lunch would be on her bedside table. The resident indicated food was not</p>		<p>3.What measure will be put into place or what systemic changes will be made to ensure that deficient practice doesn't not occur. Food temps are checked daily at each meal and recorded on a food temperature log by food service personnel to ensure that foods are served at the appropriate temperature. The log will be reviewed by Dietary Manager/ designee. If food does not meet, corrective action will be taken. Dietary Manager/Designee will review temperature logs at each meal. Dietray Manager/Designee will check temps prior to serving and in the middle of serving and at the end of serving to ensure proper temps from the steam table. 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be put into place To ensure compliance, the Dietary Manager/Designee is responsible for the completion of the meal service temperature log CQI tool ? weekly times 4 weeks, bi-monthly times 2 months and then quarterly to encompass all shifts to maintain continued compliance. The results will be reviewed by CQI Committee overseen by the ED.</p>		

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	<p>served at proper temperatures.</p> <p>During an interview on 9/24/13 at 2:45 p.m., Resident #116 indicated the staff took too long to serve the meal.</p> <p>The main dining room was observed on 9/25/13 at 12:43 p.m. The residents' were being served lunch at 12:45 p.m. Fourteen staff passed out lunch trays. The last plate of food was served at 1:10 p.m.</p> <p>On 9/25/13 at 1:15 p.m., a sample plate of lunch was provided. The Dietary Consultant obtained the temperature on the sample plate. The temperature of the pork chop was 129 degrees, brussel sprouts were 121 degrees and the brown rice was 128 degrees. During this time, the Dietary Consultant indicated the food temperatures were low.</p> <p>This Federal tag relates to Complaint IN00136237.</p> <p>3.1-21(a(2))</p>				

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F000371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation and interview, the facility failed to ensure the food was stored and prepared under sanitary conditions related to soiled fry baskets, microwave, oven and floor. This had the potential to affect 146 of 146 residents in the facility, who received food prepared for 1 of 1 kitchens.</p> <p>Findings include:</p> <p>1. Observation during the brief tour of the kitchen on 9/23/13 at 8:00 a.m., with the Dietary Consultant indicated the following:</p> <p>a. The deep fryer had 2 frying baskets. There was an accumulation of food debris on the outside of the fryer.</p> <p>b. There was a sticky greasy substance on the side of the oven.</p> <p>c. The microwave was soiled with food spillage.</p>	F000371	<p>F371 Food Procedure, store/prepare/serve-sanitary The facility must- Produce food from sources approved or considered satisfactory by Federal, State or local authorities; and2.) Store, prepare, distribute and serve food under sanitary conditions What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice? The sanitation issues found with the fryer baskets , oven and microwave and debris on the floorwere immediately corrected. No residents were directly affected as a result of the alleged deficiany. 2. 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 residing in the facility have the potential to be affected by the alleged deficient practice. 3. What measure will be put into place or what systemic changes will be made to ensure that deficient practice does not occur. The Dietary Manger/Designee will check the daily, weekly and monthly sanitation checklists to</p>	10/15/2013

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	<p>d. The oatmeal and dry milk plastic containers in the dry storage room were observed to be open.</p> <p>e. The floor was observed to have food debris under and behind the serving table and stove/oven. There was a ball of dark hair observed on the floor in between the serving table and the stove.</p> <p>Interview with Dietary Consultant at the time of the tour indicated the above areas were in need of cleaning and the dry food bins should have been closed. The Dietary Consultant indicated power washes were completed monthly. There was a cleaning schedule to be done daily, weekly and monthly.</p> <p>This Federal tag relates to Complaint IN00136237.</p> <p>3.1-21(i)(3)</p>		<p>ensure that all required sanitation items are completed appropriately. The staff members responsible for specific sanitation tasks will intial the completed tasks. 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be put into place. The CQI Sanitation tool will be performed by the ED, Dietary Manger /Designee daily to ensure that proper kitchen sanitation is maintained. To ensure compliance, the Dietary Manager/Designee is responsible for the completion of the Kitchen Sanitation log CQI tool ? Weekly times 4 weeks, bi-monthly times 2 months and then quarterly to encompass all shifts to maintain continued compliance. The results will be reviewed by CQI Committee overseen by the ED.</p>		