

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155522	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/30/2013
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NAME OF PROVIDER OR SUPPLIER COMMUNITY PARKVIEW CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 PARKVIEW LN ELWOOD, IN 46036
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Dates of Survey: September 24, 25, 26, 27, and 30, 2013</p> <p>Facility number: 000372 Provider number: 155522 AIM number: 100289060</p> <p>Survey team: Karen K. Koeberlein, RN-TC Toni Maley, BSW (9/24, 9/26, 9/27 and 9/30/13) Tina Smith-Staats, RN Angela Selleck, RN</p> <p>Census bed type: SNF/NF: 71 Total : 71</p> <p>Census payor type: Medicare: 6 Medicaid: 50 Other: 15 Total: 71</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2</p> <p>Quality review completed by Debora Barth, RN.</p>	F000000	Submission or this plan of correction shall not constitute or be construed as an admission by Community Parkview Care Center. The allegations contained in this survey report are accurate or reflect accurately the provision of care and service to the residents at Community Parkview Care Center. The facility requests the following plan of correction be considered its allegation of compliance.	

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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F000157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on interview and record review, the facility failed to promptly inform the resident's family of a significant change in the resident's ability to transfer for 1 of 3 residents</p>	F000157	The corrective action for F157 was: The facility notified resident #30s family of the change in the ability of the resident to transfer on 10/16/2013. The facility also notified resident #88s physician of	10/30/2013			

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	<p>reviewed for family notification (Resident #30) and the facility failed to promptly notify the physician regarding resident weight loss for 1 of 7 residents reviewed for nutritional risk (Resident #88).</p> <p>Findings include:</p> <p>1.) The clinical record review for Resident #30 was reviewed on 9/25/2013 at 2:48 p.m.</p> <p>Diagnoses for the resident included, but were not limited to, Parkinson's disease, renal failure, dementia, behavioral problems, anxiety, dyuria and recent cerebrovascular accident.</p> <p>A physician order, dated 11/13/12 indicated use of the Invacare lift as needed with assist of 2 staff.</p> <p>No documentation in the nursing notes indicated any notification to family about the need to use a mechanical lift for transfers.</p> <p>A care plan for "ADL's (activities of daily living) self care performance deficit related to a history of stroke, dementia, impaired mobility and confusion", initiated 10/6/2010 and last revised 3/27/2013, indicated the resident required a mechanical aid</p>		<p>the residents weight loss on 10/16/2013. Since all other residents have the potential to be affected by this deficient practice the facility will review the physician orders to determine if the family or physician were notified per the order and documentation there of. The DON of their designee will be responsible for reviewing orders on a daily basis for documentation and family/physician notification. The Director of nursing also created a form to be used to help track weight loss/gain. This will be used by the Nurses and at the weekly NAR meeting. All Nursing staff will be inserviced regarding family/physician notification and the Nutrition at risk meeting. The facility will hold a weekly nutrition at risk meeting to help address any dietary/weight loss concerns that need to be addressed with the resident/family or physician. Documentation from this meeting will be provided to the DON to address with the Physician or the family as required. The facility will review this specific deficiency along with the results from any monitoring put into place at our Quarterly Quality Assurance meeting for continued improvement and compliance. This corrective action will be ongoing. The date of completion for this deficient practice will be October 30th, 2013.</p>		

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	<p>(Invacare lift) for transfers and resident was totally dependent on staff for transfers.</p> <p>During an interview on 9/27/13 at 9:00 a.m., with the Care Plan Coordinator she indicated during care conferences all care plans are discussed with the resident and/or family member or POA if in attendance.</p> <p>During an interview with the Assistant Director of Nursing on 9/27/13, she indicated there was no further information regarding the notification of the resident's family.</p> <p>2.) The clinical record for Resident #88 was reviewed on 9/26/13 at 5:30 p.m., who had diagnoses which included, but were not limited to, dementia, extrapyramidal and movement disorder, insomnia, hypertension and Alzheimer's type dementia with agitation.</p> <p>The review of weights indicated Resident #88 had a significant weight loss of 16.8 pounds from 8/2/13 to 9/5/13. The weight on 8/2/13 was 141.5 pounds. The weight on 9/5/13 was 124.7 pounds.</p> <p>A care plan review for Resident #88 indicated "...presents a high</p>						

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	<p>nutritional risk as evidence by poor appetite...date initiated was on 4/18/13 and revised on 5/2/13.</p> <p>The clinical record lacked documentation of physician notification regarding the Resident's weight loss on 9/5/13.</p> <p>The Assisted Director of Nursing was interviewed on 9/20/13 at 8:43 a.m. She indicated the last time the physician saw the Resident was on 8/28/13. She was unable to find any documentation regarding notification of the physician for weight loss between 8/2/13 to 9/5/13.</p> <p>3.) A current undated facility policy titled "Notifications-Resident Status" was provided by the Assistant Director of Nursing on 9/30/13 at 12:30 p.m., indicated the following: "Policy: It is the policy of CPVCC [Community Parkview Care Center] to promptly notify physicians, resident, resident sponsor of changes in resident status. ...Procedure: 1. Licensed nurse will assess the condition/situation with notification to include at least the following:... b. Significant alteration/change in the resident's plan of care/condition... g. Situations deemed as necessary</p>						

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	<p>or appropriate to report that are in the best interest of the resident."</p> <p>3.5-1(a)(2)</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 cognitively impaired and/or physically dependent residents were served meals and provided assistance to dine in a manner that maintained or enhanced their dignity regarding lengthy waits prior to meals and inadequate assistance to dine for 4 of 5 residents observed for dignified dining (Residents #43, #16, #13 and #69).</p> <p>Findings include:</p> <p>1.) During a 9/24/13, 11:40 a.m. to 1:16 p.m. Cafe' dining room lunch meal observation, the following was observed:</p> <p>a.) At 11:40 a.m., dependent residents were wheeled or escorted into the dining room by facility staff. They were escorted to the dining room table and assisted to sit or wheeled and placed facing the table in a manner indicative of dining. Residents #43, #16, #13 and #69</p>	F000241	<p>The corrective action for residents #43,#16,#13,and #69 wilol be to provide and promote our care and service to maintain or enhance these residen's dignity and recognize their individuality. This will be done by eliminating lengthy waits prior to meals and providing adequate staff assistance to dine.The facility will monitor and review the wait times and adequate assistance to both Dining rooms to ensure no-one is having to sit and wait for long periods before their meal. The Facility will be combining the the Cafe along with the main dining room. This will allow us to effeciently utilize the current staff to provide a smooth dining experience along with the staff needed to serve the residents timely.The Administrator or their designee will be responsible for checking at least 1 meal daily to ensure that this does not recur. The wait time for meals will be documented along with the number of staff present to help serve out.The facility will review this specific deficiency along with results from any monitoring put into place at our Quarterly Quality</p>	10/30/2013			

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	<p>were seated at the table in this manner. These four residents sat facing the table without any form of audio, visual or tactile stimulation offered to the residents until 12:10 p.m. when the first meal tray was served (30 minutes). During this 30 minute wait, Resident #43 rocked softly in her chair, Resident #13 tapped her hands and the table, banged on the table and drummed with her silverware, Residents #16 and #69 appeared to sleep.</p> <p>b.) At 12:10 p.m. when the meal trays were served, CNA #5 began to feed totally dependent Residents #16 and #69. These two residents never consumed any independent foods or liquids during the meal. CNA #5 periodically stopped feeding the two dependent residents and walked around the table where a total of 6 residents were seated. She handed one resident her food bowls, one item at a time, for her to consume. She cut food or asked questions. As she preformed these tasks, Residents #16 and #69 sat without being offered any food items. The CNA was away from these residents for multiple periods of 1 to 3 minutes throughout the meal. CNA #5 was the only staff member in the Cafe' dining room throughout the meal.</p>		assurance and Compliance meeting to ensure continued improvement and compiance. The facility will complete checks daily for 6 months and use the QA reports to determine the frequency of monitoring required. The date of completion for this deficient practice will be October 30th, 2013.				

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	<p>2.) During a 9/26/13, 11:30 a.m. to 12:36 p.m. Cafe' dining room lunch meal observation, the following was observed:</p> <p>a.) At 11:30 a.m., dependent residents were wheeled or escorted into the dining room by facility staff. They were escorted to the dining room table and assisted to sit or wheeled and placed facing the table in a manner indicative of dining. Resident #13 was escorted in at 11:30 a.m. Resident #43 was escorted in at 11:31 a.m. Resident #16 was escorted in at 11:37 a.m. Resident #69 was escorted in at 11:40 a.m. Residents #43, #16, #13 and #69 were seated at the table as if ready to dine. These four residents sat facing the table without any form of audio, visual or tactile stimulation offered to the residents until 12:08 p.m. when the first meal tray was served (28 to 38 minutes). During this wait, Resident #43 rocked softly in her chair, Resident #13 tapped her hands on the table, banged on the table and drummed with her silverware, Residents #16 and #69 appeared to sleep. At 11:33 a.m., Resident #13 wheeled herself from the dining room. At 11:38 a.m., a staff member wheeled Resident #13</p>				

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	<p>back into the room and placed her at the table. Resident #13 immediately began to tap. At 11:43 a.m., Resident #13 wheeled herself out of the room. At 11:44 a.m., the Dietary manager wheeled Resident #13 back into the room and placed her at the table.</p> <p>b.) At 12:08 p.m. when the meal trays were served, CNA #6 began to feed totally dependent Residents #16 and #69. These two residents never consumed any foods or liquids during the meal independently. CNA #6 periodically stopped feeding the two dependent residents and walked around the table where a total of 6 residents were seated. She handed one resident her food bowls, one item at a time, for her to consume. She asked questions and uncovered food items. As she preformed these tasks, Residents #16 and #69 sat without being offered any food items. The CNA was away from these residents for multiple periods of 1 to 3 minutes throughout the meal. CNA #6 was the only staff member in the Cafe' dining room throughout the meal.</p> <p>3.) During a 9/26/13, 5:00 p.m. to 6:00 p.m. Cafe' dining room supper meal observation, the following was observed:</p>			

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	<p>At 5:00 p.m., dependent Residents #43, #16, #13 and #96 were seated at the table as if ready to dine. These four residents sat facing the table without any form of audio, visual or tactile stimulation offered to the residents until 5:38 p.m. when the first meal tray was served (38 minutes). During this 30 minute wait, Resident #43 rocked softly in her chair, Resident #13 tapped her hands on the table, banged on the table and drummed with her silverware, Residents #16 and #69 appeared to sleep. At 5:38 p.m. when the meal trays were served, 2 staff members began to assist residents to dine.</p> <p>4.) A 9/26/13, 6:00 p.m., interview with the Administrator and Director of Nursing indicated residents who eat in the Cafe' dining room require assistance, cueing or prompting to dine. They additionally indicated two staff members should assist in the Cafe' dining room during all meals. Lastly they indicated two staff members had been assigned to the dining area during the 9/24/13 and 9/26/13 lunch meals and a staff member must not have reported to their assigned task.</p> <p>5.) Resident #43's record was</p>			

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	<p>reviewed on 9/26/13 at 11:00 a.m. Resident #43's current diagnoses included, but were not limited to, depression, diabetes mellitus and depression.</p> <p>Resident #43 had a ,7/19/13, current, annual, Minimum Data Set (MDS) assessment which indicated she had cognitive impairment and needed assistance with decision making, required supervision, oversight, encouragement or cueing for locomotion/mobility and eating.</p> <p>Resident #43 had a current, July, 2013, care plan problem/need regarding risk for depression. Approaches to this problem included, but were not limited to, "offer resident activities to help fill her day."</p> <p>Resident #43 had a current, July, 2013, care plan problem/need regarding anxiety. Approaches to this problem included, but were not limited to, "offer resident activities to help her fill her day."</p> <p>6.) Resident #16's record was reviewed on 9/27/13 at 9:15 a.m. Resident #16's current diagnoses included, but were not limited to, Alzheimer's disease and aphasia.</p>			

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	<p>Resident #16 had a current , 9/10/13, quarterly, Minimum Data Set (MDS) assessment which indicated the resident did not speak, was severely cognitively impaired, rarely or never made needs known and was totally dependent on the staff for locomotion/mobility and eating.</p> <p>Resident #16 had a current 12/13/12, care plan problem/need regarding dependence on staff for all activities, cognitive stimulation and social interaction due to cognitive impairment.</p> <p>7.) Resident #13's record was reviewed on 9/26/13 at 10:45 a.m. Resident #13's current diagnoses included, but were not limited to, Alzheimer's disease, anxiety and depression.</p> <p>Resident #13 had a current , 7/19/13, quarterly, Minimum Data Set (MDS) assessment which indicated the resident was severely cognitively impaired and rarely or never made decisions and required oversight, supervision, prompting or cueing for locomotion/mobility and eating.</p> <p>Resident #13 had a current, 5/24/13, care plan problem/need regarding anxiety</p>			

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	<p>"I am nervous' and will also clap hands together." Approaches to this problem included, but were not limited to, "offer back rubs, repositioning etc, offer small conversation to help calm and reassure resident, offer snack or beverage."</p> <p>Resident #13 had a current, 6/18/13, care plan problem/need regarding "...exhibits repetitive movements (IE: claps hands, taps, drums with utensils)." Approaches to this problem included, but were not limited to, "encourage activities to avoid idel (sic) time for resident to become bored, offer resident drink/snack of her choice and offer to take outside on nice days."</p> <p>Resident #13 had a current, 6/21/13, care plan problem/need regarding dependency on staff for activities, cognitive stimulation, social interaction due to dementia.</p> <p>Review of Resident #13's meal consumption records for 9/16/13 through 9/26/12 (10 days 30 meals of which 28 meals had documentation) indicated Resident #13 ate less than 50% of her meal 12 of 28 documented meals.</p> <p>8.) Resident #69's record was</p>						

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	<p>reviewed on 9/27/13 at 9:30 a.m. Resident #69's current diagnoses included, but were not limited to, Alzheimer's disease, depression and hypertension.</p> <p>Resident #69 had a current, 8/16/13, quarterly, Minimum Data Set (MDS) assessment which indicated the resident rarely if ever made decisions, and was totally dependent on staff assistance for locomotion/mobility and eating.</p> <p>Resident #69 had a current, 5/25/13, care plan problem/need regarding the resident being dependent on staff for activities, cognitive stimulation and social interaction due to a cognitive deficit.</p> <p>9.) Review of an undated, facility form titled "Meal Hours", which was provided by the Administrator on 9/24/13 at 12:00 p.m., indicated the following: "Cafe' dining room- lunch 11:30 a.m., Supper 5:00 p.m."</p> <p>10.) During a 9/30/13, 2:00 p.m., interview, the Administrator indicated residents should not sit facing the dining room table without stimulation prior to meals.</p> <p>11.) A current undated facility policy</p>						

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	<p>titled "Feeding of Dependent Residents Procedure" was provided by the Assistant Director of Nursing on 9/30/13 at 12:30 p.m., indicated the following:</p> <p>"Purpose: To provide nourishment to all residents who cannot or will not feed themselves."</p> <p>...Procedure: 8. Take your time. Do not rush the resident. Make sure the resident has had enough to eat and drink according to his diet."</p> <p>3.1-3(t)</p>				

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F000309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident's plan for behavior management was implemented for 1 of 1 resident who met the criteria for behavior management (Resident #13) and the facility failed to ensure a dialysis resident with an order for daily weights had her weights monitored daily for 1 of 1 dialysis resident reviewed for service related to dialysis (Resident #48).</p> <p>Findings include:</p> <p>1.) Resident #13's record was reviewed on 9/26/13 at 10:45 a.m.</p> <p>Resident #13's current diagnoses included, but were not limited to, Alzheimer's disease, anxiety and depression.</p> <p>Resident #13 had a current, 7/19/13, quarterly, Minimum Data Set (MDS) assessment which indicated the resident was severely cognitively</p>	F000309	The corrective action for F309 will be to provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care. The facility will review, update and implement the behavior plan for resident #13. The facility will document the daily weights as ordered for resident #48. The facility will identify other residents having the potential to be affected keeping a current list of residents requiring daily weights and monitoring daily to ensure compliance. The ADON or their designee will be responsible for reviewing the weights on a daily basis and documenting daily. The Social Service Director will review both dining rooms to help determine the residents at risk for idle time and the need to implement or change the plan of care to provide stimulation during the waiting period. All staff will be inserviced 10/25/2013 regarding the selected residents plan of care and the options available	10/30/2013	

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	<p>impaired and rarely or never made decisions and required oversight, supervision, prompting or cueing for locomotion/mobility and eating.</p> <p>Resident #13 had a current, 5/24/13, care plan problem/need regarding anxiety " 'I am nervous' and will also clap hands together." Approaches to this problem included, but were not limited to, "offer back rubs, repositioning etc", "offer small conversation to help calm and reassure resident", "offer snack or beverage."</p> <p>Resident #13 had a current, 6/18/13, care plan problem/need regarding "...exhibits repetitive movements (IE: claps hands, taps, drums with utensils)." Approaches to this problem included, but were not limited to, "encourage activities to avoid idel (sic) time for resident to become bored", "offer resident drink/snack of her choice" and "offer to take outside on nice days."</p> <p>Resident #13 had a current, 6/21/13, care plan problem/need regarding dependency on staff for activities, cognitive stimulation, social interaction due to dementia.</p> <p>2.) During a 9/24/13, 11:40 a.m. to</p>		<p>prior to dining. A binder will be kept in the dining room to make staff aware of the residents plan of care. The nursing staff will also have an inservice regarding documenting daily weights. The results of monitoring will be discussed at the next 2 Quality Assurance Meetings. If the behavior plan is being followed and the weights are being documented daily the QA team may determine to stop or reduce the monitoring. The date this deficiency will be corrected is October 30th, 2013.</p>		

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	<p>1:16 p.m. Cafe' dining room lunch meal observation, the following was observed:</p> <p>At 11:40 a.m., dependent residents were wheeled or escorted into the dining room by facility staff. They were escorted to the dining room table and assisted to sit or wheeled and placed facing the table in a manner indicative of dining. Resident #13 was seated at the table in this manner. No audio, visual or tactile stimulation was offered to Resident #13 during this time. Resident #13 tapped her hands and the table, banged on the table and drummed with her silverware on and off for the entire 30 minute period. At no time during the period of tapping/drumming did a staff member offer one of the approaches from Resident #13's care plan such as back rubs, repositioning, conversation, snacks, activities or going outside.</p> <p>3.) During a 9/26/13, 11:30 a.m. to 12:36 p.m. Cafe' dining room lunch meal observation, the following was observed:</p> <p>At 11:30 a.m., dependent residents were wheeled or escorted into the dining room by facility staff. They</p>						

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	<p>were escorted to the dining room table and assisted to sit or wheeled and placed facing the table in a manner indicative of dining. Resident #13 was escorted in at 11:30 a.m. The first meal tray was served (28 to 38 minutes). During this wait, Resident #13 tapped her hands and the table, banged on the table and drummed with her silverware. At 11:38 a.m., a staff member wheeled Resident #13 back into the room and placed her at the table. Resident #13 immediately began to tap. At 11:43 a.m., Resident #13 wheeled herself out of the room. At 11:44 a.m., the Dietary manager wheeled Resident #13 back into the room and placed her at the table. Resident #13 was not offered any audio, visual or tactile stimulation during her wait. At no time during the period of tapping/drumming did a staff member offer one of the approaches from Resident #13's care plan such as back rubs, repositioning, conversation, snacks, activities or going outside.</p> <p>During a 9/26/13, 5:00 p.m. to 6:00 p.m. Cafe' dining room supper meal observation, the following was observed:</p> <p>At 5:00 p.m., dependent Resident</p>				

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	<p>#13 was seated at the table as if ready to dine. Resident #13 sat facing the table without any form of audio, visual or tactile stimulation offered to the resident until 5:38 p.m. when the first meal tray was served (38 minutes). During this 30 minutes wait, Resident #13 tapped her hands and the table, banged on the table and drummed with her silverware. At no time during the period of tapping/drumming did a staff member offer one of the approaches from Resident #13's care plan such as back rubs, repositioning, conversation, snacks, activities or going outside.</p> <p>During a 9/27/13, 2:15 p.m., interview, the Social Services Designee indicated facility staff should implement a resident's behavior plan when a resident displays a targeted behavior. If Resident #13 has to set for long periods of time without anything to do it will exacerbate her tapping, pounding, drumming behaviors.</p> <p>4.) Resident #48's clinical record was reviewed on 9/26/13 at 2:30 p. m. Resident #48's diagnoses included, but were not limited to, acute renal failure, diabetes mellitus, congestive heart failure and dialysis.</p>						

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	<p>Resident #48 had a current physician's order for daily weights and the physician is to be notified of a weight gain greater than 5 pounds in a 24 hour period. This order originated on 10/21/10.</p> <p>Resident #48's clinical record lacked a documented weight for the dates 9/1/13, 9/14/13 and 9/15/13.</p> <p>During an interview on 9/26/13, at 2:35 p. m., LPN #3 indicated she was aware Resident #48 was to have a daily weight completed and the physician was to be notified of a weight gain greater then 5 pounds in a 24 hour period. When LPN #3 was shown the clinical record with missing weights, she indicated "I do not know why, but it was not done." During an interview on this same date and time, the administrator indicated he would search other areas of the clinical record in an attempt to find the documentation. On 9/26/13, at 3:00 p. m., the administrator indicated he was unable to find a documented daily weight anywhere in the clinical record for the dates 9/1/13, 9/14/13 and 9/15/13.</p> <p>During an interview on 9/30/13 at 2:30 p. m., the ADoN (Assistant Director of Nursing) indicated there</p>			

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	<p>was no facility policy and procedure on daily weights for a dialysis resident.</p> <p>3.1-37(a)</p>				

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F000314 SS=G	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, record review and interview, the facility failed to provide services to promote healing of a pressure sore for 1 of 3 residents who met the criteria for pressure ulcers (Resident #5). This deficient practice resulted in the worsening of a pressure sore for Resident #5 in size and depth.</p> <p>Findings include:</p> <p>The clinical review for Resident #5 was reviewed on 9/26/13 at 2:22 p.m. Resident #5 had diagnoses which included, but were not limited to, multiple sclerosis, hypertension, hyperlipidemia, depressive disorder, neurogenic bladder and osteoporosis.</p> <p>A Physician's order, dated 7/26/13, indicated "Resident to have low air loss mattress."</p>	F000314	The corrective action for F314 was: Resident #5 was provided a low air loss mattress as ordered. The cushion currently in the residents wheelchair will be moved(by staff) to the recliner, when the resident changes location.The facility will identify other residents having the potential to be affected by this deficient practice by keeping a current and updated list of the current orders for pressure relieving devices.This will be updated and kept by the ADON/or their designee who will be responsible for checking to ensure that all ordered devices are in place. This will be done two times a week ongoing.All nursing staff will be inserviceed on 10-25-2013 regarding the new procedure.The results of the monitoring will be presented at our quarterly QA and changes made as needed to ensure compliance.The date this deficiency will be corrected is	10/30/2013	

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	<p>The Recapitulation of Physician orders for 8/2013, indicated "use wedge cushion in wheelchair."</p> <p>A care plan problem for Resident #5 indicated, "...has the potential for skin breakdown related to impaired mobility, bowel incontinence." Interventions related to the care plan problem indicated, "Resident to have low air loss mattress on bed, initiated 7/26/13, Identify/document potential causative factors and eliminate/resolve where possible, initiated 5/14/13."</p> <p>The review of the weekly skin documentation, dated 8/15/13, indicated a Stage III (Stage III; "Full thickness tissue loss. Subcutaneous fat maybe visible but bone, tendon or muscle is not exposed. Slough maybe present but does not obscure the depth of tissue loss. May include undermining and tunneling.") pressure ulcer to the left gluteal and sacrum with an onset date of 8/2/13. The length was 0.1 centimeters by 0.1 centimeters width and no depth noted. The description indicated a "superficial open, no drainage, no odor, scant eschar to coccyx area and closure pinpoint scant redness."</p>		10/16/2013.	

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	<p>The weekly skin documentation, dated 8/22/13, indicated a Stage III pressure ulcer to the left gluteal and sacrum with an onset date of 8/2/13. The length was 0.5 centimeters by 0.2 centimeters width and no depth noted. The wound progress description indicated "... left gluteal shearing." Treatment included "...flotation mattress. Wedge Roho cushion to wheelchair."</p> <p>The weekly skin documentation, dated 9/17/13, indicated a Stage III pressure ulcer to the left gluteal and sacrum with an onset date of 8/2/13. The length was 0.7 centimeters by 1.7 centimeters width and no depth noted. The description indicated a "open epithelial shearing..."</p> <p>The weekly skin documentation, dated 9/25/13, indicated a Stage III pressure ulcer to the left gluteal and sacrum with conflicting onset dates of 8/8/13 and 8/2/13. The length was 1 centimeter by 2.2 centimeters width and 0.1 centimeters depth. The wound progress description indicated "depth present not improved..."</p> <p>Treatment included "Flotation mattress in use on bed, Roho cushion in place to wheelchair and reclined (sic)..."</p>				

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	<p>During an interview with LPN #4 on 9/27/13 at 8:48 a.m., LPN #4 stated the measurement at that time of the pressure ulcer to the left upper gluteal was 3.0 centimeters long by 3.5 centimeters in width and 0.1 centimeters in depth."</p> <p>During a wound treatment observation on 9/27/13 at 8:48 a.m., wound measurements with LPN #4 were consistent with the documentation of 9/25/13.</p> <p>This measurement indicated that the pressure ulcer had increased in size of first measurement of 8/15/13, which was 0.1 centimeters in length by 0.1 centimeters in width and no depth noted. There was an increase in size of 2.9 centimeters in length, 3.4 centimeters in width and 0.1 centimeters in depth.</p> <p>During an interview with the Wound Nurse on 9/26/13 at 2:02 p.m., the nurse stated "...Resident is almost dead weight with her diagnosis of Multiple Sclerosis. Interventions in place include a special flotation bed, special wedge Roho for her wheelchair and she can use the Roho in her recliner..."</p>			

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	<p>During an observation of Resident #5 on 9/26/13 at 3:32 p.m., Resident #5 was sitting in her recliner with no Roho cushion under her. Roho was visible in resident's empty wheelchair.</p> <p>During an interview with the DoN (Director of Nursing) on 9/26/13 at 4:27 p.m., indicated after a check of Resident #5's bed that "it's just a regular mattress not a low air flow mattress."</p> <p>During observation and interview with Resident #5 on 9/27/13 at 8:42 a.m., the new air flow mattress had been applied to her bed. The resident stated, "I slept really good last night on my new mattress. Before I had places that hurt all night long. On the previous mattress there would be spots on my bottom that would burn and hurt when in bed. I would have to scoot and move around throughout the night because my bottom hurt.</p> <p>"I have never put the cushion from my wheelchair into my recliner because I was never told I could do that or I would have. I try to lay down for two hours after lunch and reposition myself throughout the night."</p> <p>An interview with the DoN, on 9/27/13 at 9:20 a.m., indicated the DON did</p>				

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	<p>not know why it had been a couple months and no one noticed the order for the low air loss mattress.</p> <p>During an interview with the DoN on 9/30/13 at 8:52 a.m., the DoN indicated there was no wound committee in place. Staff were aware of wounds but did not meet regularly. A wound nurse did wound rounds weekly.</p> <p>A current undated facility policy titled "Decubitus Ulcer - Treatment," provided by the Assistant Director of Nursing on 9/30/13 at 12:30 p.m., indicated the following: "Treatment of decubitus ulcer will vary depending on the orders of the attending physician. Since there is marked diversity in the treatment of decubitus ulcers, no one specific treatment will be described... ...2. The nurse is responsible for carrying out the treatment of choice as prescribed by the attending physician...."</p> <p>3.1-40(a)(2)</p>				

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F000325 SS=D	<p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>Based on observation, interview and record review, the facility failed to ensure substitution or replacements and/or encouragement was offered to residents who were nutritionally at risk and had consumed poorly and failed to assess and address significant weight loss for 3 of 7 residents reviewed for nutritional risk (Resident #78, #13 and #88).</p> <p>Findings include:</p> <p>1.) During a 9/24/13, 11:40 a.m. to 1:16 p.m. Cafe' dining room lunch meal observation, the following was observed:</p> <p>Resident #78 ate only bites of food and drank 1/2 cup of a milk drink. Resident #78 was not offered yogurt which was listed as a preference or any specific substitute.</p>	F000325	The corrective action for resident#78,13,88 will be to offer replacements or substitutes if they have consumed their meal poorly or are nutritionally at risk,The facility will identify other residents who have the potential to be affected by this deficient practice by creating an updated and ongoing list of the residents who are nutritionally at risk. The facility will be having weekly Nutrition at Risk meetings to update weights and nutritional status on all of our current residents. The meals at the facility will also be monitored by staff daily to ensure that residents are ask, if they had enough to eat or if they would like something different. All weights will be recorded and reviewed at our weekly Nutrition at risk meeting and interventions for weight loss or gain will be implemented as required.The dietary manager will be responsible for monitoring weights and reporting to the DON or their designee if a resident is	10/30/2013	

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	<p>During a 9/26/13, 11:30 a.m. to 12:36 p.m. Cafe' dining room lunch meal observation, the following was observed:</p> <p>Resident #78 ate poorly consuming only bites. At 11:37, Resident #78 indicated she would really like some fried green tomatoes. At 12:43 p.m., Resident #78, who was consuming a pureed diet, indicated she would like real food. Resident #78 wheeled herself away from the table. No staff member spoke to her as she wheeled herself away or offered her a substitute or encouraged her to eat or discouraged her from leaving the table.</p> <p>During a 9/26/13, 5:00 p.m. to 6:00 p.m. Cafe' dining room supper meal observation, at 5:50 p.m. Resident #78 ate only a few bites and wheeled herself from the table. No staff member spoke to her as she wheeled herself away or offered her a substitute or encouraged her to eat or discouraged her from leaving the table.</p> <p>Resident #78's record was reviewed on 9/26/13 at 10:30 a.m. Resident #78's current diagnoses included, but were not limited to, depression, diabetes mellitus, acute renal failure,</p>		<p>having weight loss or gain between the weekly nutrition at risk meetings. All staff will be inserviced on the meal service and what to ask or look for. this inservice will take place on the 25th of October, 2013. The facility will provide reports of weight loss or gain at our quarterly QA meeting for continued improvements to the system. This will remain ongoing in the facility. the deficiency will be corrected by October 30th, 2013.</p>	

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	<p>and hypertension.</p> <p>Resident #78 had a current, undated, physician's order for a pureed diet with honey thickened liquids.</p> <p>Resident #78 had a, 7/11/13, current, quarterly Minimum Data Set (MDS) assessment which indicated the resident received a mechanically altered diet.</p> <p>Resident #78 had a current, 6/13/13, care plan problem/need regarding high nutritional risk.</p> <p>Resident #78's weights were as follows: 9/25/13- 148.0, 7.5% change over 90 days 9/18/13-141.7, 5% change over 30 days 9/11/13-148.7, 7.5% change over 90 days 9/2/13-152.0, 5% change over 30 days 8/22/13-156.1, 5% change over 30 days 8/7/13-173.5 8/5/13-173.5 7/1/13-175.6</p> <p>A 9/24/13, 1:00 p.m., review of Resident #78's meal card indicated she had a preference for yogurt.</p>						

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	<p>Resident #78 had a 6/4/13 "Nutritional Risk Assessment" which indicated the resident was consuming poorly and consuming 0 to 25% of her meals.</p> <p>Resident #78's consumption records for 9/16/13 to 9/26/13 (10 days 30 meals-only 25 meals with documentation) indicated the resident consumed 0 to 25% for 15 of 25 meals.</p> <p>2.) During a 9/24/13, 11:40 a.m. to 1:16 p.m. Cafe' dining room lunch meal observation, the following was observed:</p> <p>Resident #13 was served multiple small bowls of food all at one time. At 12:25 p.m., Resident #13 looked at the multiple bowls in front of her and stated, "I have an awful lot there." She consumed only bites. She tapped the table and her cup and her silverware throughout the meal. Resident #13's food items were not offered to her in a bowl one item at a time. The resident was only cued to eat 2 times during the meal. The staff spoke to her from across the table. The staff member did not offer her any hands on assistance. After consuming poorly she was not offered</p>			
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	<p>a peanut butter cup or HI CAL pudding which was listed as a preference, nor was she offered a specific substitute.</p> <p>During a 9/26/13, 11:30 a.m. to 12:36 p.m. Cafe' dining room lunch meal observation, the following was observed:</p> <p>Resident #13 tapped the table, her cup and drummed her silverware through the meal. Resident #13 consumed only bites. CNA #6 encouraged the resident to eat verbally from across the table where she assisted 2 dependent residents. CNA #6 came to where Resident #13 was seated 2 times and directly encouraged her to eat. Resident #13's food items were not offered to her one item at a time. When the resident had consumed poorly she was not offered HI CAL pudding or a peanut butter cup which were listed as a preference. Nor was she offered any specific substitute.</p> <p>Resident #13's record was reviewed on 9/26/13 at 10:45 a.m. Resident #13's current diagnoses included, but were not limited to, Alzheimer's disease, anxiety and depression.</p> <p>Resident #13 had a current, 8/13/13,</p>			

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	<p>care plan problem/need regarding moderate nutritional risk due to poor intake. Approach to this problem included, but was not limited to, may have food in bowls to increase independence with self feeding.</p> <p>A 9/24/13, 1:00 p.m. review of Resident #13's tray card indicated the resident was to have food in bowls and the food was to be provided to her one bowl at a time. The card additionally indicated the resident may have chocolate peanut butter cups and "HI CAL pudding." (high calorie pudding)</p> <p>Resident #13's weight record indicated the following: 9/4/13-106.8, +7.5% change over 90 days 8/2/13-103.2 7/1/13-100.6 6/19/13-100.5</p> <p>Resident #13 had a 4/25/13, "Nutritional Risk Assessment" which indicated the resident self fed with food in bowls.</p> <p>Review of Resident #13's meal consumption records for 9/16/13 through 9/26/12 (10 days 30 meals of which 28 meals had documentation) indicated Resident #13 ate less than</p>				

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	<p>50% of her meal 12 of 28 documented meals.</p> <p>3.) The clinical record for Resident #88 was reviewed on 9/26/13 at 5:30 p.m., the resident had diagnoses which included, but were not limited to, dementia, extrapyramidal and movement disorder, insomnia, hypertension and Alzheimer's type dementia with agitation.</p> <p>The review of weights indicated Resident #88 had a significant weight loss of 16.8 pounds from 8/2/13 to 9/5/13. The weight on 8/2/13 was 141.5 pounds. The weight on 9/5/13 was 124.7 pounds.</p> <p>A care plan review for Resident #88 indicated "...presents a high nutritional risk as evidence by poor appetite...date initiated was on 4/18/13 and revised on 5/2/13.</p> <p>Resident #88 's meal consumption record from 8/26/13 to 9/5/13 indicated 11 meals had consumption of 0-25 percent and six meals had a consumption of 26-50 percent.</p> <p>The Registered Dietician (RD) was interviewed on 9/27/13 at 10:10 a.m. She indicated the last dietary assessment for the resident was completed on 8/30/13.</p>				

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	<p>The RD stated, "I was here on 9/13/13, no one added her to my list to see regarding a significant weight change. I get a list from food service director and those are the ones I looked at."</p> <p>The Registered Dietician after reviewing Resident #88's weights stated "Oh boy a big one [regarding weight loss]. I did not know about that one.... I will put her on my list today to review."</p> <p>No physician notification regarding the Resident's weight loss was indicated in the progress or nurse's notes.</p> <p>The Assistant Director of Nursing was interviewed on 9/20/13 at 8:43 a.m. She indicated the last time physician seen Resident was on 8/28/13. Unable to find any documentation regarding notification of physician for weight loss between 8/2/13 to 9/5/13. A current undated facility policy titled "Nutrition At Risk Meeting" and provided by the Assistant Director of Nursing on 9/30/13 at 12:30 p.m., indicated the following: "Purpose: To discuss and monitor all residents at nutritional risk and assure appropriate interventions are in place.</p>						

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	<p>...4. Charts and food consumption records will be brought to meeting where appropriate.</p> <p>5. Disciplines will discuss residents and jointly make recommendations.</p> <p>6. Monthly nutrition intervention notes will be made and care plans updated as necessary."</p> <p>3.1-46(a)(1)</p>				

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F000371 SS=F	<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, record review and interview the facility failed to ensure food was stored, prepared, distributed and served under sanitary conditions. Of the facility's 71 residents, this deficient practice had the potential to impact 69 of 69 residents who were served food from the facility's kitchen.</p> <p>Findings include:</p> <p>Kitchen sanitation tour accompanied by the Dietary Manager on 9/24/13 at 8:58 a.m. indicated the following concerns:</p> <p>a. High calorie pudding, which was stored in the three door stainless steel refrigerator, had a broken seal which did not prevent food contamination.</p> <p>b. Barbecue pork chops, which were stored in the three door stainless steel refrigerator, had a broken seal with other containers placed on top,</p>	F000371	The plan of correction for this deficiency will be to ensure that food is stored, prepared and distributed under sanitary conditions. This will include: Food will be stored in the proper containers. Food will be dated and disposed of upon expiration. All shelved and food storage and preparation areas will be kept clean. All refrigerators and freezers temperatures will be recorded on a regular basis. Refrigerator temperatures will be 41 degrees or below and freezer temperatures of 0 degrees or below. Their designee will implement daily rounds to ensure all of the above is being documented and completed. The current cleaning schedule was reviewed and approved as being sufficient, the facility will ensure it is being followed. The cook will also be given a checklist of all items to be completed before leaving the kitchen after their shift. This will be signed by the cook and turned into the dietary manager stating that all tasks have been completed. The facility administrator and dietary	10/30/2013			

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	<p>which did not prevent food contamination.</p> <p>c. A sliced onion wrapped in aluminum foil dated 8/17/13.</p> <p>d. Dannon vanilla yogurt, 32 ounce with an open date of 8/20/13.</p> <p>e. 18 hot dogs with a date of 9/9/13.</p> <p>f. The inside of the three door stainless steel refrigerator had multiple spills of a yellow and brown substance on the bottom of the refrigerator. The outside of the refrigerators and freezers had food particle smudges.</p> <p>g. Two separate shelves with clean utensils stored ready for use had food debris on the surface. The second shelf had a white/yellow dried substance spill.</p> <p>h. Clean utensils were not stored upside down to prevent contamination and included but were not limited to:</p> <p>One pot had rust around four screws inside with dents and food particles on the bottom of the pot.</p> <p>A dried orange colored food particle was observed stuck inside a stainless</p>		<p>manager or their designee will be responsible for monitoring on a daily basis to ensure all is being completed.this will be done by daily rounds an physical inspections within the dietary department.The results of monitoring will be presented at our quarterly QA meeting on an ongoing basis to prevent this deficiency from recurring.The Plan of Correction date for this deficiency is October 30th, 2013</p>		

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	<p>steel bowl.</p> <p>Dried pasta particle was stuck to the inside of a metal strainer.</p> <p>A total of five pots, one lid, one metal strainer, and eight stainless steel bowls were observed not upside down and stored on shelves near the exit door.</p> <p>Six juice glass containers, one clear plastic measuring cup, and five plastic bowls were not stored upside down.</p> <p>i. An opened container of thick and easy pureed bread mix, 4.5 pounds, was in the storage room, but had no date of when opened.</p> <p>j. A large brown paper bag of non-fat dry milk was stored in the storage room. The non-fat dry milk was not sealed closed, and had no open date.</p> <p>k. A bag of frozen french fries, had a one inch tear.</p> <p>l. Inside the vegetable freezer, a brown slimy liquid was covering the bottom shelf of the vegetable freezer. The freezer had a foul odor. Some vegetables were frozen solid and some were not. Food items that were thawed included: five 2 pound bags of</p>			

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	<p>cauliflower, five 2.5 pound bags of peas, four 2 pound bags of spinach.</p> <p>m. The three door freezer and three door refrigerator located in back storage room had boxes on top of open product.</p> <p>Shelves missing in the three door freezer.</p> <p>n. The three door refrigerator had a cracked egg with fresh liquid egg yoke in a brown paper egg carton.</p> <p>There was ground ham protruding out over the pan on the bottom shelf and touched the inside of the refrigerator door. The ground ham was laying next to ground hamburger in a metal flat pan with blood in the pan. A heavy box was sitting on top of ground hamburger and ground ham.</p> <p>o. The top of the convection oven in the food preparation area had a black, crusty, thick, greasy layer of residue.</p> <p>p. The oven drip pan had a dried brownish red substance inside the pan.</p> <p>q. The walls and floors throughout the kitchen and storage area had food</p>			

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	<p>debris and grime on them.</p> <p>2). During a meal service observation on 9/26/13 at 11:05 a.m., the Dietary Manager checked the temperatures of the food to be served at lunch. The following was observed:</p> <p>Cold diced ham was 49.5 degrees Fahrenheit. A recheck of the diced ham by the Dietary manager showed a temperature of 48.6 degrees Fahrenheit.</p> <p>The shredded cheese was 46.7 degrees Fahrenheit</p> <p>The diced ham in a stainless steel container was taken straight from the three door refrigerator. This ham was 46.0 degrees Fahrenheit.</p> <p>The chopped lettuce was 50.6 degrees Fahrenheit.</p> <p>3). During a kitchen sanitation tour accompanied by the Dietary Manager on 9/26/13 at 8:34 a.m., the following concerns were noted:</p> <p>The white reach-in refrigerator in the food preparation area was 46 degrees Fahrenheit.</p>						

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>A thickened white milk product was removed from the white reach-in refrigerator and the temperature checked by the Dietary Manager was 43.1 degrees Fahrenheit.</p> <p>A review of the "Record of Refrigerator Temperatures" located on the white reach-in refrigerator indicated that no temperatures for the freezer had been documented for September 2013.</p> <p>The Dietary Manager was interviewed on 9/24/13 at 9:47 a.m. She indicated the following:</p> <p>"Food in refrigerators are only good for seven days and after that time should be tossed...</p> <p>"If they do not have enough containers to put dry food items in we tape it shut so nothing can get into it...</p> <p>"The thick and easy pureed bread mix they did not date, they should have [dated]...</p> <p>"The three door freezer in the back storage room should have three shelves to store food on...</p> <p>"We have a cleaning a schedule</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155522	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/30/2013
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	<p>where different items or areas of the kitchen are assigned to be cleaned daily or weekly...Sometimes it gets ahead of them and I have someone come in just to clean. The floor should be swept and mopped everyday. The staff were putting away stock last night and I can see they did not mop last night because it is dirty. I can see that the cleaning needs done. I'm not going to make excuses."</p> <p>A current facility policy, dated 3/90, titled "Storage Procedures" was provided by the Administrator on 9/24/13 at 12:00 p.m., and indicated the following:</p> <p>"Policy: Food shall be properly stored to preserve flavor, nutritive value and appearance.</p> <p>...2. The storeroom is to be ...dry and clean.</p> <p>...5. Open packages are to be stored in closed containers, labeled and dated or properly sealed.</p> <p>6. Dry bulk foods are to be stored in plastic containers with tight covers, or bins which are easily sanitized. The container should be clearly labeled.</p> <p>Refrigerated Storage</p> <p>1. Refrigerated storage temperatures should be at 41 degrees or below.</p> <p>2....Temperatures will be recorded on Freezer/cooler temperature record on a regular basis (See next page).</p>			

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	<p>... 5. ... stored loosely to permit circulation of air.</p> <p>...8. Refrigerator doors should be open as little as possible to prevent fluctuation of storage temperatures."</p> <p>3.1-21(i)(3)</p>			