

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155756	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/11/2015
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NAME OF PROVIDER OR SUPPLIER COVENTRY MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 7843 W JEFFERSON BLVD FORT WAYNE, IN 46804
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00171812.</p> <p>Complaint IN00171812-Substantiated, deficiencies are cited at F-465.</p> <p>Survey Dates: May 7, 8 & 11, 2015</p> <p>Facility number: 004945 Provider number: 155756 AIM number: 200814400</p> <p>Census bed type: SNF: 37 SNF/NF: 108 Total: 145</p> <p>Census payor type: Medicare: 34 Medicaid: 69 Other: 42 Total: 145</p> <p>Sample: 3</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2-3.1.</p>	F 000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation. Due to relative low scope and severity of this survey, this facility respectfully requests a desk review in lieu of a post-survey revisit on or after May 29th, 2015.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 465 SS=E Bldg. 00	<p>483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility failed to ensure bathroom floors and bathroom hand rails were free of dirt, dust and debris for 16 of 16 resident bathrooms on the locked dementia unit.</p> <p>Findings include:</p> <p>On 5/8/15 at 9:10 a.m. and accompanied by the maintenance man, observation of resident bathrooms indicated the following :</p> <p>1. All floors were noted to have dust, dirt and/or debris in the corners of the bathroom floor in rooms, 208, 210, 212, 214, 215, 217, 216, 218, 219, 220, 221, 222, 223, 224, and 225. Room 225 was noted to have a urine odor in the bathroom.</p> <p>2. The metal assist bars on the wall by the toilets in the following</p>	F 465	<p>F465 Safe/Funtional/Sanitary/Comfortable Environment, It is the practice of this facility to ensure that the environment is safe, functional, sanitary, and comfortable for all residents.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>-The environment for rooms and bathrooms 208, 210, 212, 214, 215, 217, 261, 218, 219, 220, 221, 222, 223, 224, and 225 were thoroughly cleaned including metal assist bars and debris.</p> <p>-The environment on the Memory Care unit where these rooms resides was thoroughly cleaned</p>	05/29/2015

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	<p>bathrooms were noted to be visibly soiled with debris. Rooms 206, 208, 212, 215, 216, 217, 219, 222, 224, and 225.</p> <p>Interview with the Executive Director on 5/11/15 at 9:40 a.m. indicated the resident rooms and bathrooms are to be cleaned daily and deep cleaned monthly.</p> <p>This federal tag relates to complaint IN00171812</p> <p>3.1-19(f)</p>		<p>including all resident rooms, resident bathrooms, and common areas by the housekeeping staff.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>- All residents have the potential to be affected by the alleged deficient practice.</p> <p>-Environmental Supervisor/Designee will round the facility on a daily basis to ensure cleaning standards are being met including but not limited to metal assist bars, debris on the floor and odors in resident rooms and bathrooms.</p> <p>-The Environmental Supervisor will inservice all housekeeping staff on cleaning standards including but not limited to cleaning surfaces, sweeping up debris on the floor, and controlling odors in resident areas on a daily basis. The inservice will be on or before May 29th, 2015.</p> <p>-The environment on the Memory</p>	

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			<p>Care unit where these rooms resides was thoroughly cleaned including all resident rooms, resident bathrooms, and common areas by the housekeeping staff.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur</p> <p>-Environmental Supervisor/Designee will round the facility on a daily basis to ensure cleaning standards are being met including but not limited to metal assist bars, debris on the floor and odors in resident rooms and bathrooms.</p> <p>-The Environmental Supervisor will inservice all housekeeping staff on cleaning standards including but not limited to cleaning surfaces, sweeping up debris on the floor, and controlling odors in resident areas on a daily basis. The inservice will be on or before May 29th, 2015.</p>	

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			<p>-The Administrator/designee will conduct rounds daily to ensure environmental standards are being met.</p> <p>-The Administrator will in service the Environmental Supervisor on the expectations of cleanliness of resident rooms and bathrooms by May 29th, 2015.</p> <p>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:</p> <p>-A CQI monitoring tool, Environment, will be completed weekly x 4 weeks, then monthly x 3 months and quarterly thereafter for at least 6 months and discussed with IDT.</p> <p>-Data will be collected by Administrator and submitted to the CQI committee. If threshold of 100% is not met, an action plan will be developed.</p>	

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			-Non-compliance with facility procedure may result in disciplinary action up to and including termination. Completion date: May 29th, 2015.		